THE ROLE OF CULTURE IN THE HELP-SEEKING BEHAVIORS OF FILIPINO AMERICANS

A Dissertation

by

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ABSTRACT

With the national population becoming increasingly diverse, there is a need for a greater understanding of the different mechanisms influencing help seeking behaviors. Particularly for Filipino Americans, who are the second largest ethnic group in the United States, not much is known about how culture is operationalized in help seeking behaviors. Less is known regarding the use of culturally-centered theories and frameworks in explaining behaviors. The present journal article formatted dissertation examines the influence of Filipino culture and how it manifests itself in the help seeking behaviors of Filipino Americans and focuses on the use of Filipino-centered theory to understand and provide context to those behaviors.

Manuscript 1 is a systematic literature review to ascertain the current state of mental health research for Filipino Americans. Results uncovered a lack of theoretical backing for more than half the studies in the final sample. The final sample also indicated a need for research focusing on other mental health issues other than depression.

Manuscript 2 includes a logistic regression analyses that test the value of *kapwa* (shared identity) and its effect on who Filipino Americans go to for help. Findings suggested that emotional support from family and friends increased the likelihood of receiving help from family and friends. Location and nativity were also significant in increasing the likelihood of receiving help from primary care and mental health providers.

Finally, Manuscript 3 takes a deeper consideration of *kapwa* and how Filipino Americans exhibit the accommodative surface values that are indicative of *kapwa.* All participants exhibited the values of *utang na loob, hiya,* and *pakikisama.* However, differing levels of acculturation were found to make the balance of a Filipino heritage in an American context more difficult for some participants

Overall, findings indicate that culture should not be a factor to be controlled in studies. Ethnic groups with large immigrant subpopulations should be served with care and consideration of subconscious cultural processes. The findings also suggest more research is needed in the areas of 1) mental health status, 2) in-depth cultural exploration related to help seeking behavior, and 3) service provision.

DEDICATION

This dissertation is dedicated to my family and to all the Filipino American youth who didn't and still don't know they can ask for help.

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Contributors

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All work for the dissertation was completed independently by the student.

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NOMENCLATURE

Acculturation	The cultural modification of an individual or group of individuals by way of adapting or borrowing behaviors, traits, and/or customs from another culture.
Emotional Support	The emotional and mental care and attention given by others.
Filipino vs. Pilipino	Filipino is the Hispanized/Anglicized way of referring to the people and language of the Philippines. Pilipino is how locals from the Philippines refer to themselves or to the national language. In terms of language, Pilipino is synonymous with Tagalog. Further, "P" and "Ph" are used because Tagalog and most of the other 170 languages and dialects do not have the "F" sound (University of Hawai'i Manoa, Center for Philippine Studies, 2017).
Help-Seeking	The actions an individual takes that are directed at addressing a problem that he or she has.
Sikolohiyang Pilipino	Tagalog for Filipino Psychology. The seminal work of Virgilio Enriquez (1992), a scholar from the Philippines. • Utang na loob: "gratitude", "human solidarity" • Hiya: "propriety", "dignity • Pakikisama: "companionship", "esteem"

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CHAPTER I

INTRODUCTION

Filipino Americans in the United States

Filipinos, that is, people who come from the Philippine Islands in South East Asia or are born within the diaspora, are a unique and diverse group of people. The Philippines is an archipelagic country in Southeastern Asia located between the Philippine Sea and the South China Sea. It is a fast-growing country with a population of 100 million people, most of whom are in the pre-reproductive stage (ages 0 to 14 years) (Central Intelligence Agency, 2015). There is an estimated 10 million Filipinos who live abroad, accounting for 10% of the total population. The most popular destinations are the United States and Saudi Arabia (Commission on Filipinos Overseas, 2013).

There are currently 3.4 million Filipinos who live in the United States (United States Census Bureau, 2012). While many Philippine immigrants live in California (45%) and Hawaii (6%) there are still sizable Filipino American populations in Texas, New York, Florida, and Illinois (McNamara & Batalova, 2015). Compared to other Asian American groups, Filipino immigrants are more likely to have attained a bachelor's degree (48%), to be naturalized citizens of the United States compared to the entire foreign born population (68% vs. 47%) and least likely to live in poverty (7%) (McNamara & Batalova, 2015). However, only 22% of second generation Filipinos attain bachelors' degrees, compared to the 51% of second generation Chinese Americans, and 36.5% of second generation Korean Americans (Nadal, 2011). Exactly

why there is such a discrepancy in college attainment for second generation Filipino Americans remains to be discovered.

Additionally, Filipinos have the highest percentage of health insurance coverage (73%) of all Asian ethnic groups, yet maintain one of the lowest rates of health care utilization (McNamara & Batalova, 2015). When Filipinos are compared to other Asian/Pacific Islanders and Whites, studies have found health disparities exist for Filipinos in cardiovascular health, cancer, and mental health (Dela Cruz et al., 2002; Gomez et al., 2004). According to Stavig et al. (2009), Filipinos were found to have the second highest prevalence of hypertension out of all ethnic groups after African Americans.

Filipino American Mental Health

In terms of mental health, there is a dearth of research that that looks specifically at Filipino populations despite the fact that Filipinos are the third largest foreign born population from Asia, after China and India, and the second largest immigrant group after Mexican Americans (McNamara & Batalova, 2015). One study found that depression was related to lifetime incidence of racial/ethnic discrimination (Mossakowski, 2003). Other studies discovered that the internalization of Spanish and American values (colonial mentality) was related to depression and that acculturation in males was positively correlated with depression (David, 2008; Sanchez et al., 2006). Additionally, Filipino Americans have lower rates of treatment for mental illness and those who do utilize mental health resources often have more severe symptoms than white Americans (as cited in Sanchez & Gaw, 2007).

Problem Statement

Since Petersen's article in 1966, Asian Americans have carried with them the burden of the model minority myth. The result is that research exploring Asian American health, especially, has been misleading and inadequate at describing the health issues among the Asian American community. To exacerbate this perpetuation of the model minority is the use of aggregated data when conducting research with Asian American populations, if Asian Americans are a part of the research at all. By lumping all Asian Americans together, health issues that might affect one Asian ethnicity more than another are hidden and in some cases rates of disease in some Asian American groups are greater than that of the general population (Trinh-Shevrin, Islam, & Rey, 2009). The current disparity in knowledge between Asian American health and outcomes puts this population at a disadvantage compared to the other more frequently studied races. Historically the intersection of Asian American minority status intersected with the aggregation of data has had deleterious effects on the health of Asian Americans and the constituent ethnics groups.

For the purposes of this dissertation, I aim to add to the knowledge base of disaggregated data and focus my study on one particular, Asian American group, Filipinos Americans. Specifically, I want to explore the ways in which culture influences help-seeking behaviors among Filipino American emerging adults. Accordingly, I intend to address the following research questions.

Research Questions

1. What does the current research say about the state of Filipino American mental health?
2. What kind of effect does culture and acculturation have on who Filipino Americans seek help from?
3. How does Filipino culture manifest itself in the help-seeking behaviors of Filipino American emerging adults?

Significance and Implications for Research and Practice

The work proposed in this dissertation proposal is expected to result in the further understanding of mental health needs for the Filipino community. By examining specific factors relating to mental health in the Filipino community, there is greater potential for providing more culturally relevant services. Moreover, this research helps to open the door in exploring different Asian ethnic groups and opening new lines of research specific to those populations. The short-term findings of this research may include identifying viewpoints that are unique to the Filipino population that affect the way they seek mental health care. Consequently, the findings of this study will have a positive impact on health disparities research for the Filipino community and the Asian American community at large. These findings will help give voice to a population that is frequently understudied. This dissertation will also provide more research in the area of Filipino health, especially considering that Filipinos are the second largest Asian ethnic group. For Asian Americans in general, this research is just one step toward unmasking health issues that are unique to different ethnic communities.

Overview of the Dissertation

This dissertation uses a journal article format. Chapter I provides a general overview of the study and outlines the study problem and its significance. Chapters II – IV were written as journal article manuscripts and are therefore self-contained scholarship works. Chapter V provides a summary of conclusions, which tie each article together as a comprehensive study. A brief description of the self-contained chapters in this document follows:

The first manuscript (Chapter II) is a systematic look at the current Filipino American mental health literature. Results of the literature review revealed the need to look more in depth at the role of culture in help-seeking behaviors. More specifically, to take a culture-centered approach to explain factors related to mental health help-seeking. The second manuscript (Chapter III) focused on the secondary data analysis of the Filipino American Community Epidemiological Study (FACES). A Filipino culture-centered theory, *Sikolohiyang Pilipino* was used to frame the study. The final manuscript (Chapter IV) further investigates *Sikolohiyang Pilipino* by identifying what specific values look like in the help-seeking behaviors of Filipino American emerging adults.

The final Chapter V provides an overview of the entire document and its overall significance to the field. This chapter also addresses the combined results of these studies by providing a clearer picture of the processes associated with mental health and help-seeking, which is important and applicable to professionals across disciplines and for the Filipino American community at large.

CHAPTER II

HELP-SEEKING BEHAVIOR AMONG FILIPINO AMERICAN EMERGING ADULTS: A SYSTEMATIC LITERATURE REVIEW

It is estimated that over 10 million Filipinos (10%) live abroad, with the majority residing in the United States (Commission on Filipinos Overseas, 2013). Filipino Americans are the second largest immigrant group after Mexican Americans (Nadal, 2011) and the second largest Asian ethnic group in the United States with 3.4 million people with nearly 1.8 million born outside the United States. Unique to Filipinos, the Philippines is the only Asian country to be colonized by the United States (United States Census Bureau, 2012).

In the U.S., Filipinos account for approximately 20% of the total Asian American population and reside mainly in the states of California (45%), Hawai'i (6%), Texas (1%) and New York (1%) (McNamara & Batalova, 2015). In addition, Filipinos are the largest Asian American populations in Alaska, Arizona, Hawaii, Idaho, Montano, Nevada, New Mexico, South Dakota, Washington, and Wyoming (David, 2016). Filipino Americans have the lowest rates of poverty among Asian ethnic groups (6% vs. 14% of Chinese, 9% of Indian, and 15% of Vietnamese) and the second to highest median income of all Asian ethnicities ($75k/year vs. $88k/year for Indians, $65k/year for Chinese, and $53k for Vietnamese; Pew Research Center, 2012).

Yet despite perceptions of being a successful immigrant population, many Filipino Americans experience disparities in physical and mental health (Nadal, 2011).

When studied with other Asian American groups, Filipino Americans have a higher proportion of overweight or obese adults and a higher prevalence of hypertension and cardiovascular disease comparable to African Americans. Chae, Gavin & Takeuchi (2006) found the prevalence rate for smoking among Filipino Americans was 15.1% and life time smoking prevalence was 35.8%.

Filipino Americans have a higher prevalence of depression than the general U.S. population (Filipino American Community Health Initiative of Chicago, 2010; Nadal, 2015; National Institute on Minority Health and Health Disparities, 2016). Another study reported Filipino American lifetime prevalence for suicide ideation at 9.76% and 3.12% for suicide attempt (Duldulao, Takeuchi & Hong, 2009).

However unfortunately, physical and mental health issues also persist in Filipino American adolescents. Filipino youth have the largest proportion of teen pregnancy across Chinese, Filipino, Vietnamese, Korean, Indian, and Japanese youth and the highest rates of smoking (Chen, Unger, Cruz, & Johnson, 1999; Bolano, Medved, Hokoda, Ulloa, & Siao, 2013). Additionally, second generation Filipino Americans reported experiencing severe stress and suicidal ideation due to generational and ethnic influences with little to no emotional support from family or other avenues (Wolf, 1997; Hogan, 2003; Schroth, 2010).

These health disparities continue despite Filipino Americans also having the highest rate of health insurance coverage (73%) among Asian ethnic groups in the United States (McNamara & Batalova, 2015).

Filipino American mental health is a growing body of research increasing in relevance due to the continued growth of the Filipino American population in the United States. Most of what is known about Filipino American mental health comes from a small body of literature or from studies in which Filipino Americans are one of the comparison groups (Sorkin, Nguyen, & Ngo-Metzger, 2011; Mossakowski, 2003; David, 2008; Sanchez & Gaw, 2007**)**. Accordingly, it is important to take a closer look at the current state of the research to determine the next steps for this population given the increased growth of the Filipino American population over the last 10 years, and the increasing number of health concerns specific to the Filipino American community.

As the research continues to expand and more disaggregated data is collected, researchers should draw on the insights of previous studies to guide future research and practice with Filipino Americans with purposeful and impactful agendas. The purpose of this study is to present a critical summary and evaluation of mental health research on Filipino Americans in the United States. Special attention is directed towards examining the theoretical underpinnings, correlates of mental health issues, and the role of acculturation associated with mental health outcomes in the empirical works. Doing so will provide a critical view of where Filipino American mental health research has done well and identify gaps in the literature for future research.

Methods

The PRISMA guidelines and flowchart were used in this review to guide the methods, report the results and to maximize the transparency and of this review.

Secondarily, this review aims to identify key areas for research development and improvement.

Information Sources

Studies were identified by searching four electronic databases (CINAHL Complete, ERIC, MedLine Complete, and PsycInfo) and purling the references from each study identified. No limits were applied to the date of publication; however, articles were limited to those written in English, United States geographic location, and peer reviewed papers. Search terms provided in **Table 1** were used to search all articles relating to Filipino Americans and mental health.

Table 1. Database search strategy

Ethnic Group Terms	
	Filipino w1 American
	Filipin*
	Pilipino
	Pinoy
	Pinay
Mental Health Terms	
	Mental w1 health
	Depression
	Depress*
Combined Terms	
	Filipino w1 American OR Filipin* OR Pilipino OR Pinoy OR Pinay
	Mental w1 health OR Depress*
	Filipino w1 American OR Filipin* OR Pilipino OR Pinoy OR Pinay AND Mental W1 health OR Depress*

Inclusion and Exclusion Criteria

Studies were included if they 1) Filipinos were the main ethnic group or a comparison group, 2) focused on mental health or depression, 3) presented findings from quantitative or qualitative studies, 4) were peer-reviewed. Articles were excluded if 1) they were not in English, 2) the scope was outside the parameters of this study, 3)

studies were not conducted in the United States, or 4) mental health or depression were not addressed.

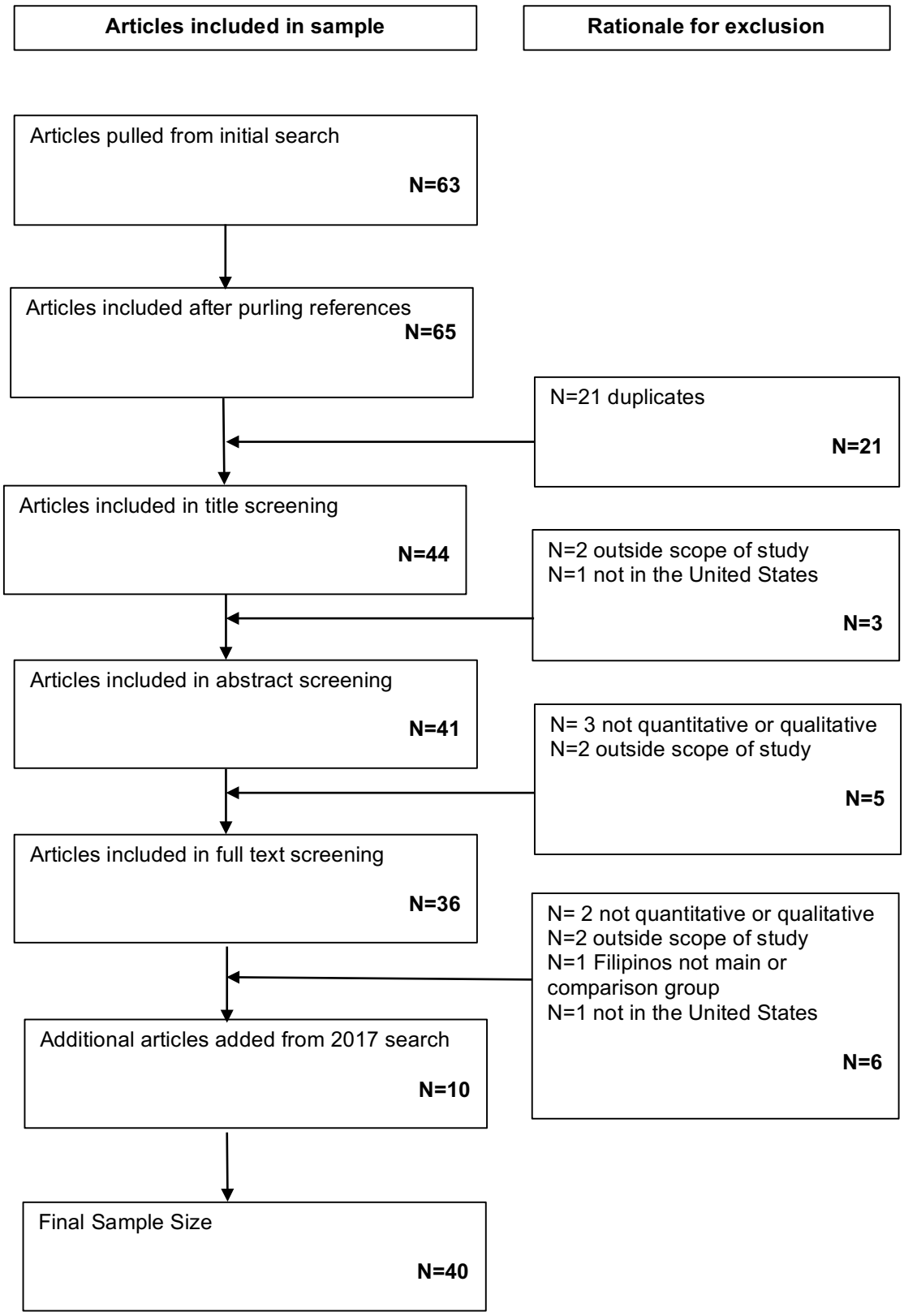
Review Process

The review process included three rounds of screening articles from the initial database search. The initial search yielded a total of n=63 studies. After purling the references of some articles, an additional two studies were added (n=65). A total of n=21 articles were removed due to duplication. A total of N=44 articles were included in the title screening. The same inclusionary and exclusionary criteria were used in all three screening rounds. In the title and keyword screening round, n=3 articles were removed from this study, leaving n=41 articles for abstract screening. After the abstract screening, n=36 articles passed onto the full text screening. An additional n=6 articles were removed and the remaining articles, n=30. A second search was completed in May of 2017 to capture any recent or missed studies since the first search. An additional n=10 articles were added for a total final sample of n=40. The PRISMA flowchart in **Figure 1** provides greater detail on the screening process.

Data Extraction

For the final sample of n=40, data was extracted from each article regarding the participants, the sample size, location of the study, measures used, findings, theory, and study design. These components were kept in an Excel spreadsheet to be used for further analysis.

Figure. 1 PRISMA Flowchart



Assessing Methodological Quality

In addition to the rigorous reporting using the PRISMA guidelines, the methodological quality of the articles in this review was also assessed. Two methodological quality scales (MQS) were used to judge the rigor of each study for the current review. Quantitative studies were assessed based on a scale from Lu, Diep & McKyer (2015) and can be found in Table 2.

Table 2. Criteria for assessing quantitative study quality

Methodological Criterion	Description	Score
Study design	Experimental study (e.g., randomized control trial)	4
	Case control study	3
	Longitudinal study	2
	Cross-sectional study	1
Location of study	Reported	1
	Not reported	0
Ethnicity	Filipinos as only group	2
	Filipinos as comparison group	1
Dataset characteristics	Primary data	2
	Secondary data	1
Data analysis	More advanced statistics (e.g., mixed models)	4
	Regression/analysis of covariance	3
	Bivariate statistics (e.g., ANOVA, Pearson r, t test)	2
	Descriptive only (e.g., frequency)	1
Data reliability testing	Discussed reliability	1
	Did not discuss reliability	0
Data validity testing	Discussed validity	1
	Did not discuss validity	0
Theoretical framework	Reported	1
	Not reported	0

Studies were judged based on six criteria: 1) study design, 2) location of study, 3) ethnicity, 4) dataset characteristics, 5) data analysis, 6) data reliability testing, 7) data validity testing, and 8) theoretical framework. Studies can achieve a maximum score of 16 points. Interrater reliability of the MQS for quantitative studies was 0.98 (Lu, Diep & McKyer, 2015).

Qualitative articles were also judged on their methodological rigor. Criteria were developed for this MQS based on the scale from National Institute for Health and Clinical Excellence and the Strategies for Ensuring Trustworthiness (NICE, 2012; Shenton, 2004; Anney 2014; Loh, 2013; Lincoln & Guba, 1985). Development of the qualitative study methodological quality scale is discussed elsewhere (Gabriel & Outley, unpublished). Studies were judged based on the number of criteria met in the areas of qualitative trustworthiness: clarity, credibility, transferability, dependability, and confirmability (see Table 3). Studies can score up to 25 points, indicating the highest level of methodological rigor. Scores were divided into six different categories: None (no rigor): 0 points, Very Low: 1-5 points, Low: 6-10 points, Medium: 11-15 points, High: 16-20 points, Very High: 21-25 points. The intraclass correlation (ICC)=0.9 for the MQS on qualitative studies.

Table 3. Criteria for assessing qualitative study quality

YES	NO	DESCRIPTION	TRUSTWORTHINESS CRITERIA
1	0	RQ & adequate description of phenomenon described	Study Clarity
1	0	Examination of previous research	
1	0	Persistent observation	Credibility
1	0	Prolonged engagement	
1	0	Purposeful sampling strategy presented	
1	0	Negative case analysis	
1	0	Referential adequacy	
1	0	Peer debriefing of research	
1	0	Background/qualifications/experience of researchers	
1	0	Member checks	
1	0	Thick description	Transferability
1	0	Research design and implementation explained	Dependability
1	0	Operational detail (audit) of data collection, coding, overall management explained	
1	0	Discussion of limitations and potential effects	Confirmability
1	0	In-depth methodological description to allow integrity of results to be scrutinized	
1	0	Data oriented trail	
1	0	Theoretical audit trail	
		Triangulation	
1	0	Sources	
1	0	Methods	Across all 4 Criteria
1	0	Theory/Perspective	
1	0	Analysts	
WRITE IN 0-4		**Researcher reflexivity**	Across all 4 Criteria
TOTAL SCORE			

ADAPTED FROM THE NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE, STRATEGIES FOR ENSURING TRUSTWORTHINESS, AND NATURALISTIC INQUIRY (NICE, 2012; SHENTON, 2004; LINCOLN & GUBA, 1985; ANNEY, 2014; LOH, 2013).

Results

Quantitative Methodological Quality

Including the quantitative portions of the mixed methods studies, n=37 studies were evaluated using the MQS for quantitative studies. The highest score a study could earn was 16; the highest score of these quantitative studies was 13 (David, 2008; Tuason, Ancheta & Battie, 2014). The mean MQS score of the reviewed studies was 9.7 (±1.88). All studies were cross sectional and 22 of the 36 studies were secondary data analyses. The most common dataset analyzed was the National Latino and Asian American Study (NLAAS, n=6) followed by the Filipino American Epidemiological Study (FACES, n=5), and the California Health Interview Survey (CHIS, n=3). Other studies used included the National Longitudinal Study of Adolescent Health (Add Health), state-specific Behavioral Risk Factor Surveillance Systems (BRFSS), the Diabetes Study of Northern California (DISTANCE), and electronic health records.

Table 4. Distribution of MQS characteristics across quantitative studies

Methodological Criterion	Description	# studies
Study design	Experimental study (e.g., randomized control trial)	0
	Case control study	0
	Longitudinal study	0
	Cross-sectional study	37
Location of study	Reported	35
	Not reported	2
Ethnicity	Filipinos as only group	12
	Filipinos as comparison group	25
Dataset characteristics	Primary data	15
	Secondary data	22
Data analysis	More advanced statistics (e.g., mixed models)	27
	Regression/analysis of covariance	5
	Bivariate statistics (e.g., ANOVA, Pearson r, t test)	3
	Descriptive only (e.g., frequency)	2
Data reliability testing	Discussed reliability	24
	Did not discuss reliability	13
Data validity testing	Discussed validity	16
	Did not discuss validity	21
Theoretical framework	Reported	16
	Not reported	21

Qualitative Methodological Quality

The remaining studies (n=5) were qualitative or included qualitative methods (David & Nadal, 2013; N. Flores, Supan, J., Kreutzer, C.B., Samson, A., Coffey, D.M. & Javier, J.R., 2015; Javier et al., 2014; Lin, 1990; Shoultz, Magnussen, Manzano, Arias, & Spencer, 2010). To address the methodological rigor of qualitative studies, the studies were assessed with a separate MQS. There were n=5 studies, including the qualitative sections of the mixed methods studies, that were assessed. The maximum score that a study could earn was 25. The mean MQS score of the reviewed studies was

14.9 (±2.7). Four of the five studies used focus groups or semi-structured interviews and the remaining study was a case study (Lin Demonteverde & Nuccio, 1990; Shoultz et al., 2010; David & Nadal, 2013; Javier et al., 2014; Flores et al., 2015). Lin, Demonteverde & Nuccio's (1990) study looked at religious healing and received the lowest score for this sample (mean score=4.3). The highest score awarded to articles in this sample was Javier et al.'s (2014) article with a mean score= 17.3.

Table 5. MQS scores for qualitative studies

Rater	Lin, Demoteverde & Nuccio, 1990	Shoultz, Magnussen, Magnussen, Manzano, Arias, Spencer, 2010	David & Nadal, 2013	Javier, Supan, Lansang, Beyer, Kubicek & Palinkas, 2014	Flores, Supan, Kreutzer, Samson, Coffey & Javier, 2015
1	4	14	16	16	10
2	5	15	16	18	12
3	4	15	18	18	11

Characteristics of included studies

Publication of articles in this study span a period of 52 years, with the oldest article published in 1964 and the most recent published in 2016 (Thaver, Arkoff & Elkind, 1964; Ai, Appel & Nicado, 2016; Chang & Moon, 2016; Okamura et al., 2016). Publication of articles encompassed many different journals in unique, but related fields such as psychology, psychiatry, gerontology, maternal and child health, chronic disease, nursing, religion and health, immigrant and minority health, health and social behavior, social work, drugs and education, youth and adolescence, mental health, public health. The age range of studies in this review crossed the lifespan with participants as young as 12 years old to older than 65 years.

Researchers in n=24 of the studies used data or collected data from the West Coast, namely California (n=15) and Hawai'i (n=9). Two studies used data collected from New York City and ten studies used national samples.

What theories were used to frame Filipino American mental health?

Surprisingly, 55% of studies did not specify any theory or framework to guide their studies. For the remaining n=18 studies, the most common frameworks used were the colonial mentality framework (CM; n=3) and grounded theory (n=2; David, 2008/10; David & Nadal, 2013; Javier et al., 2014; Flores et al., 2015). Studies using the colonial mentality framework have been spearheaded by E.J.R. David, who focuses on the mental health effects of the colonial mentality for Filipino Americans. As argued by David and Okazaki (2006), colonial mentality is "characterized by a perception of ethnic or cultural inferiority", which "involves an automatic and uncritical rejection of anything Filipino and an automatic and uncritical preference of anything American" (p. 241). The findings from David's studies illustrate positive relationships between CM and increased depression symptoms for Filipino Americans (David, 2008/10; David & Nadal, 2013).

Table 6. Summary of article characteristics

LEAD AUTHOR, YEAR	SAMPLE CHARACTERISTICS	STUDY DESIGN	LOCATION	ORIGINAL DATASET	INDEPENDENT VARIABLES	DEPENDENT VARIABLES	THEORY	MQS SCORE
ABE-KIM, 2004	n=2,285; ages 18-49 years	Quantitative cross-sectional	California, Hawai'i	FACES	Somatic symptoms, cultural variables, religious affiliation	Mental health providers, religious clergy	~	10
ACZON-ARMSTRONG, 2013	n=3,113 Japanese (1,273; 40.9%), Filipinos (618; 19.9%), and Chinese (321; 10.3%); mean age=51.5 years	Quantitative cross-sectional	Hawai'i	Hawai'i Behavioral Risk Factor Surveillance System (HBRFSS)	chronic illnesses, smoking, support system, alcohol use	Depression	~	10
AI, 2016	n=2,095, n=660 Chinese, n=520 Vietnamese, n=508 Filipino	Quantitative cross-sectional	National	NLAAS	Religious involvement, social support, acculturation stress	Self-rated mental health (SRMH)	~	9
APPEL, 2011	n=1,091 women, n=316 Chinese, n=273 Filipino, n=277 Vietnamese, n=231 other Asians, ages 18+ years	Quantitative cross-sectional	National	NLAAS	Chronic illnesses, drug and substance use, mental health conditions, service seeking frequency	~	~	5
ARKOFF, 1966	total n=118 n=24 Americans n= 19 Chinese n=19 Filipinos n=21 Japanese n=15 Thai n=20 PhD students; mean age=25.8 years	Quantitative cross-sectional	Hawai'i	~	demographic variables	conceptions of mental health	~	11
BARRETO, 2005	n=104,773; mean age=40 years	Quantitative cross-sectional	California	~	demographic variables	schizophrenia, major depression, bipolar disorder, service use	~	8
CHANG, 2016	n=1,028, n=252 Chinese, n=102 Filipino, n=337 Korean, n=241	Quantitative cross-sectional	California	California Health Interview Survey	general health status, cognitive and functional limitations, acculturation, health care use	psychological distress	Life Course perspective	8

Table 6. Continued

LEAD AUTHOR, YEAR	SAMPLE CHARACTERISTICS	STUDY DESIGN	LOCATION	ORIGINAL DATASET	INDEPENDENT VARIABLES	DEPENDENT VARIABLES	THEORY	MQS SCORE
	Vietnamese, n=96 Other Asian							
DAVID, 2008	n=226 Filipino adults; mean age=28.6 years	Quantitative cross-sectional	65% West coast	~	colonial mentality, acculturation, collective self-esteem, self-esteem, ethnic identity, mood and anxiety	depression	Colonial mentality	13
DAVID, 2010	n=102; mean age=22.8 years	Quantitative cross-sectional	not stated	~	colonial mentality, acculturation, collective self-esteem, self-esteem, ethnic identity, satisfaction with life, depression, social desirability, mood and anxiety	depression	Colonial mentality, classical colonial theory	13
DAVID, 2013	n=6 (qualitative) n=219 (quantitative); Mean age=29.6 years (qualitative), 33.7 years (quantitative)	Multimethod, qualitative using interviews, quantitative, cross-sectional	not stated	~	Qualitative: colonial mentality exploration Quantitative: Exposure vignettes (from qualitative results), racist events, colonial mentality	depression	Colonial mentality	12/16*
EDMAN, 1999A	total n=102 Filipinos n=38 Caucasians; age not stated	Quantitative cross-sectional	Hawai'i	~	Causes and methods of treatment	depression, schizophrenia	~	7
EDMAN, 1999B	n=243; mean age=15.8 years	Quantitative cross-sectional	Hawai'i	~	Filipino American ethnicity, Center for Epidemiology Studies Depression Scale CES-D items	depression	~	12
FLORES, 2015	n=20; youth ages= 6-14 years, parent ages not stated	Qualitative using focus groups	Los Angeles	~	Facilitators of engagement and strategies for increasing future enrollment, obstacles to engagement, ways to motivate other parents to attend this seminar, and cultural and attitudinal barriers.	~	grounded theory	11
GOEBERT, 2011	n=677; high school aged	Quantitative cross-sectional	Hawai'i	~	demographic variables	cyberbullying, substance use and depression, anxiety, suicide attempts	~	9

* Indicates a mixed methods study, Quantitative MQS score/Qualitative MQS score

Table 6. Continued

LEAD AUTHOR, YEAR	SAMPLE CHARACTERISTICS	STUDY DESIGN	LOCATION	ORIGINAL DATASET	INDEPENDENT VARIABLES	DEPENDENT VARIABLES	THEORY	MQS SCORE
GONG, 2003	n=2,230; mean age=41.6 years	Quantitative cross-sectional	California, Hawai'i	FACES	Cultural and language variables, mental health status, psychological distress, medical insurance, demographic variables	Types of health care systems	~	10
GONZALEZ, 2010	n=2,284 Chinese, Filipino, Vietnamese, and other Asians n=6,696 non-Latino White; ages=18-65+ years	Quantitative cross-sectional	National	Collaborative Psychiatric Epidemiology Surveys	Acculturation, health-care access, 12-month mental health disorders, self-reported medical conditions	anti-depressant use	Behavioral model	8
GOYAL, 2012	n=4582 non-Hispanic White n=1264 Asian Indian n=1160 Chinese n=347 Filipino n=124 Japanese n=183 Korean n=147 Vietnamese; ages 18-45 years	Quantitative cross-sectional	US	Electronic health records	Maternal characteristics (maternal age, birth type, marital status)	postpartum depression (PPD)	Transition theory	9
HOJAT, 1985	n=695 Iranians, n=898 Filipinos; Iranian mean age= 43.08, Filipino mean age=43.28	Quantitative cross-sectional	US	~	Adjustment difficulties, educational concerns, push and pull factors in emigration decisions, future plans	Psychosocial problems	~	11
HUDSON, 2013	total n=910 n=96 Asian; mean age=58.6 years n=200 African American; mean age=60.1 years n=139 Filipino; mean age=57.3 years n=252 Latino; mean age=54.8 years n=214 White; mean age=58.7 years	Quantitative cross-sectional	Northern California	Diabetes Study of Northern California (DISTANCE)	Depression symptom severity, LEP, number of medical visits, patients' level of medical illness	depression	~	8
JAVIER, 2014	n=51; ages 14-21 years	Qualitative, using semi-structured interviews	Los Angeles County	~	Identify intervention strategies for implementing mental health prevention programs for Filipino youth	~	grounded theory	18

Table 6. Continued

LEAD AUTHOR, YEAR	SAMPLE CHARACTERISTICS	STUDY DESIGN	LOCATION	ORIGINAL DATASET	INDEPENDENT VARIABLES	DEPENDENT VARIABLES	THEORY	MQS SCORE
KIM, 2012	n=4,649; Vietnamese mean age=43.6 years, Filipino mean age=42.8 years	Quantitative cross-sectional	US	NLAAS	Acculturation, number of chronic health conditions, self-rated health	Self-rated mental health, diagnoses for psychiatric disorders	~	8
KIM, 2010	sample size not reported; mean age=70.7 years	Quantitative cross-sectional	California	California Health Interview Survey	Physical health status, mental health status	~	~	7
KUROKI, 2015	n=624; mean age=41.4 years	Quantitative cross-sectional	California, Hawai'i	FACES	Depressive and substance use disorders, chronic diseases, negative lifetime events, social relationship, ethnic identity, acculturation, individualism and collectivism, loss of face	suicide ideation, suicide attempt	social connectedness, individualism and collectivism	10
LI, 2014	n=1,639; age not stated	Quantitative cross-sectional	US	NLAAS	Discrimination experiences, physical health condition, acculturation, social desirability	psychiatric disorder	stress process model, life course perspective, cost of caring thesis	7
LIN, 1990	n=2; ages 21 and 38	Qualitative, case study	not stated	~	religious involvement, healing and mental health	~	~	4
MOSSAKOWSKI, 2003	n=2,109; mean age=41.6 years	Quantitative cross-sectional	California, Hawai'i	FACES	Ethnic identity, lifetime racial/ethnic discrimination, every day discrimination	depression	stress buffering	11
MOSSAKOWSKI, 2007	n=2,129; mean age=41 years	Quantitative cross-sectional	California, Hawai'i	FACES	Immigration status, collectivism, ethnic identity, perceive racial/ethnic discrimination	depression	assimilation theory, individualism and collectivism	11
MUI, 2006	n=407; age=65+ years	Quantitative cross-sectional	New York City	~	Acculturation stress, self-rated health, number of medical conditions, number of stressful life events, family responsibility expectations, perceived cultural gap between respondent and children, coping resources	depression	stress and coping framework	11
MUI, 2003	n=407; age=65+ years	Quantitative cross-sectional	New York City	Survey of Asian American Elders	Length of residence in U.S.	depression	~	9

Table 6. Continued

LEAD AUTHOR, YEAR	SAMPLE CHARACTERISTICS	STUDY DESIGN	LOCATION	ORIGINAL DATASET	INDEPENDENT VARIABLES	DEPENDENT VARIABLES	THEORY	MQS SCORE
NAPHOLZ, 2010	n=87; ages 18-59 years	Quantitative cross-sectional	Western county	~	Role commitment, self-esteem, life satisfaction	depression	Career and family role commitment	12
NGUYEN, 2012	n=1,041; mean age=61.8 years	Quantitative cross-sectional	California	California Health Interview Survey	Perceived mental health, perceived physical health, physical health score, mental health score	physician use	Andersen's behavioral model	11
OKAMURA, 2016	n=629; mean age=12.3 years	Quantitative cross-sectional	Hawai'i	~	Demographic variables	anxiety and depression	~	11
OTSUKI, 2003	n=13,374; 9th and 12th grade	Quantitative cross-sectional	Los Angeles County	1996 California Statewide Survey of AAPI and Non-AAPI high school students	Alcohol and other drug use, peer drug associations, parental/family variables, mental health variables, cultural identification	self-esteem and depression	~	10
RUSSELL, 2008	n=9,262 youth, n=8,548 White, mean age= 15.5 years; n=253 Chinese, mean age=15.7 years; n=461 Filipinos, mean age=16.5 years	Quantitative cross-sectional	National	National Longitudinal Study of Adolescent Health	Demographic variables	self-esteem and depression	~	10
SENTELL, 2013	n=303, 621 hospitalizations; ages<18 years old	Quantitative cross-sectional	Hawai'i	Hawai'i Health Information Corporation data	Race/ethnicity, psychiatric diagnoses, demographic variables, illness severity, length of stay	annual rates of psychiatric hospitalizations	~	8
SHOULTZ, 2010	n=10 women, ages 34- to 52 years	Multimethod, qualitative focus groups and interviews, quantitative, cross-sectional	Hawai'i	~	Perceptions of the acceptability of violence	Intimate partner violence	Critical Social Theory	8/14*

* Indicates a mixed methods study, Quantitative MQS score/Qualitative MQS score

Table 6. Continued

LEAD AUTHOR, YEAR	SAMPLE CHARACTERISTICS	STUDY DESIGN	LOCATION	ORIGINAL DATASET	INDEPENDENT VARIABLES	DEPENDENT VARIABLES	THEORY	MQS SCORE
SPENCER, 2010	n=2,095, n=660 Chinese, n=520 Vietnamese, n=508 Filipino, n=107 Japanese, n=141 Asian Indians, n=81 Koreans, n=39 Pacific Islanders, n=99 smaller ethnic subgroups	Quantitative cross-sectional	National	NLAAS	Mental health and physical health status, discrimination, language proficiency, barriers to service use	mental health-related service use	~	8
THAVER, 1964	n= 19 Chinese n=21 Japanese n=19 Filipino n=15 Thai n=24 American; ages=22-32 years	Quantitative cross-sectional	Hawai'i	~	Ethnicity, demographic variables	conceptions of mental health	~	11
TUASON, 2014	n=377; mean age=53.4 years	Quantitative cross-sectional	multiple cities Florida (Jacksonville, Tampa), Illinois (Chicago), California (San Francisco)	~	Frequency of discriminatory experiences, long-standing anxiety, positive expectations for future outcomes, personal control over life outcomes, medical history, risk factors, current medications	anxiety and depression	Biopsychosocial approach	13
WILLGERODT, 2006	total n=1,003 n=216 Chinese; mean age=15.7 years n=387 Filipino; mean age=16.7 years n=400 White; mean age=15.6 years	Quantitative cross-sectional	US	NLAAS	Ethnicity, demographic variables, generational status	emotional distress, depression, somatic symptoms, delinquency, substance use	Ecological Theory of Human Development	11

The two studies using grounded theory were qualitative explorations of engagement and intervention strategies to meet the mental health needs for Filipino American youth (Javier et al., 2014; Flores et al., 2015). Javier et al. (2014) and Flores et al. (2015) used grounded theory to develop context-specific theories involving facilitators and barriers for Filipino American youth and their families' participation in mental health prevention and intervention programs. The other theories and frameworks used by the remaining studies can be found in Table 6.

What mental health behaviors among Filipino Americans are being addressed?

Due to the database search strategy limitations, n=25 studies focused their research solely on depression and/or other mental health disorders and illnesses or in combination with other variables related to mental health, which include different types of help-seeking behaviors, personal and interpersonal factors. Of the studies that focus on mental health issues specifically, n=18 include depression. Other mental health conditions covered by studies included anxiety, suicide attempts and ideation, schizophrenia, bipolar disorder, and more generally psychological or psychiatric distress.

What personal and interpersonal factors contribute to mental health issues for Filipino Americans?

There were several personal level factors that influenced mental health outcomes for Filipino Americans. Eight studies in this review also studied other individual level factors as they relate to depression (Thaver, Arkoff & Elkind, 1964; Arkoff, Thaver & Elkind, 1966; Otsuki, 2003; Willgerodt & Thompson, 2006; Russell et al., 2008; Appel,

Huang, Ai & Lin, 2011; Goebert, Else, Matsu, Chung-Do & Chang 2011; Kim et al., 2012; Ai, Appel & Nicdao, 2016).

These factors included Filipino American's conceptions of mental health, self-rated mental health, substance abuse, delinquency, and self-esteem. In studies that included self-esteem, there were no significant findings between self-esteem and depression for Filipino Americans, nor was there a difference in how Filipino Americans conceptualized self-esteem that was different from Whites (Otsuki, 2003; Russell et al., 2008). Studies with self-rated mental health had similar findings. Both studies stated that Filipino Americans reported their mental health as the best or highest compared to the other ethnic groups in the studies (Kim et al., 2012; Ai, Appel & Nicdao).

What help-seeking behaviors are found among Filipino Americans?

Six studies emphasized different types of help-seeking behaviors encompassing physician use, mental health-specific service use, hospitalizations, religious help, and relying on friends and family (Gong, Gage & Tacata Jr., 2003; Abe-Kim, Gong & Takeuchi, 2004; Barreto & Segal, 2005; Spencer, Chen, Gee, Fabian & Takeuchi, 2010; Nguyen, 2012; Sentell et al., 2013). Among these studies, the most common type of help-seeking behavior addressed was whether the individual sought clinical help. These studies used hospitalization records, doctor's visits, clinical mental health diagnoses, and use of anti-depressants to constitute help-seeking from primary care providers (Barreto & Segal, 2005; Gonzalez, Tarraf, West, Chan, Miranda & Leong, 2010; Spencer, Chen, Gee, Gabian & Takeuchi, 2010; Appel, Huang, Ai, & Ling, 2011; Kim, Chiriboga,

Bryant, Huang, Crowther & Ma, 2012; Nguyen, 2012; Hudson et al., 2013; Sentell, Unink, Ahn, Braun, Miyamura & Shumway, 2013).

Six studies focused on different types of help-seeking avenues other than clinical help. These studies looked at the role of religion and friends and family support (Lin, Demonteverde & Nuccio, 1990; Gong, Gage & Tacata Jr., 2003; Abe-Kim, Gong & Takeuchi, 2004). Lin, Demonteverde & Nuccio (1990) found in their case study, that reliance on religion and specifically *Santo Niño* helped two young women overcome the emotional distress they were going through. *Santo Niño* translates into "Holy Child" and is the Roman Catholic title of a statue of the Child Jesus as a Boy King. *Santo Niño* is especially venerated in the province of Cebu, where the statue was given as a gift by Ferdinand Magellan (Ness, 1992). It was later rediscovered unscathed in a pine box after battles between the Spanish and the native Filipinos destroyed Cebu. According to legend, because the statue was found intact, the Spanish and converted Filipinos saw it as a sign of a miracle and was believed to have miraculous powers (Ness, 1992). A church was built to house the *Santo Niño*, and every year devotees to *Santo Niño* celebrate the Boy King in a feast called Fiesta Señor. Belief in the miraculous sign of the *Santo Niño* has transcended Filipino Catholic faith, and influences the followers of *Santo Niño* to believe in occurrence of miracles (Ness, 1992; Alcedo, 2007).

In confirmation of religious reliance, Abe-Kim, Gong & Takeuchi (2004) reported in their study that Filipino Americans who were highly religious were more than three times more likely to seek help from religious clergy.

What is the role of culture and acculturation in help-seeking behaviors and mental health?

Culture and acculturation were significant factors in explaining mental health outcomes for Filipino Americans. There were 18 studies in this review that looked at either acculturation or ethnic identity. Studies looking at acculturation (n=10) all used similar, if not the same measures of acculturation. Measures of acculturation included questions on English language proficiency, length of stay in the United States, and generational status (were the participants or their parents born in the U.S.). Studies using these measures of acculturation all reported similar results. Those with higher English language proficiency were more likely to seek help for their mental health issues, while those who were LEP (limited English proficiency) were not (Gong, Gage & Tacata Jr., 2003; Mui, Kang, Chen & Domanski, 2003; Gong & Takeuchi, 2004; Abe-Kim, Mui & Kang, 2006; David, 2008/10; Gonzalez et al., 2010; Spencer et al., 2010; Kim et al., 2012; David & Nadal, 2013; Hudson et al., 2013; Li, 2014; Kuroki, 2015; Ai, Appel & Nicdao, 2016; Chang & moon, 2016). Notably, as mentioned earlier, colonial mentality uses other items to measure how negative acculturation can affect the mental health of Filipino Americans. The measures used in David's (2008/10) and David and Nadal's (2013) studies focused more on the internalization of the imposed culture (i.e. American and Spanish cultures) to the detriment of indigenous Filipino culture. These measures are unique because they do not use proxy measure of language proficiency or the length of stay in the United States. The results of these studies show that negative thoughts

regarding one's home culture, in this case Filipino culture, was inversely related to self-rated mental health (David, 2008/10; Nadal, 2013).

Relatedly, n=8 studies focused on being a part of a specific ethnic group, (in this case Filipino) or the adherence to the Filipino ethnicity. In these studies, ethnic identity was more often used to compare different Asian ethnic groups to each other or to Whites to ascertain group differences in rates of depression, self-esteem, substance use, and frequency of seeking medical help (Thaver, Arkoff, Elkind, 1964; Edman, Danko, Andrade, McArdle, Foster & Gilpa, 1999; Mossakowski, 2003/7; Otsuki, 2003; Willgerodt & Thompson, 2006; Sentell et al., 2013). In cases where discrimination was measured, ethnic identity was shown to be a buffer for depression and mental illness for Filipino Americans who were more recent to the United States (Mossakowski, 2003/7).

Discussion

The purpose of this review was to present a critical summary and evaluation of mental health research on Filipino Americans in the United States. Using a systematic approach, n=40 articles were identified, their methodological quality was evaluated using methodological quality scales and the study results were examined. There are several points to note based on the findings of this review.

This review gives a broad summary of Filipino American mental health. The findings suggest that Filipinos Americans are generally more likely to have certain types of mental health disorders like depression and schizophrenia (Edman, 1999a; Barreto & Segal, 2005). However, more interesting are the findings in which Filipino Americans are compared against other Asian ethnic groups. In some studies, Filipinos present

higher rates or likelihoods of mental health illnesses than other groups, while other studies show Koreans, Japanese, or Vietnamese ethnic groups as having higher rates (Mui et al., 2003; Otsuki, 2003; Kim et al., 2010; Okamura, 2016). This flip suggests that more research is needed for Filipino Americans and other Asian ethnicities to determine the true prevalence of mental health for these populations.

The findings also suggest that researchers may be overly reliant on outdated datasets to draw cautious conclusions about the state of Filipino American mental health. There were n=13 studies that used data from datasets that are between 13 and 21 years old. It is promising that such large scale data has been collected for the Filipino American community; however, changes in immigration policy, technology, health care delivery, and globalization have greatly impacted who, where, and how people assess and maintain their health. This gap in available data is most concerning.

Further, Filipino American mental health is important due to the growing population of Filipino Americans in the United States. In some areas of the U.S. the population of Filipino Americans has increased as much as 178% since the 1980s (United States Census Bureau, 2017). However, most of the studies (n=24) focused on Filipino American populations on the West Coast (California and Hawai'i) (mostly due to the sample available in older datasets). Despite the high density of the Filipino American population on the West Coast, the factors that might influence Filipino American life could be markedly different for Filipino American populations in other parts of the United States. For example, according to the U.S. Census in 2010, there were 463,458 Filipino Americans and Multiracial Filipino Americans living in the area,

which could lend itself to greater cultural social support networks, Filipino majority communities, and higher representation in schools, churches, and businesses. In contrast, the Filipino American population in the Dallas/Fort Worth, Texas area numbered 33, 206, a considerable amount less in the same Census year (United States Census Bureau, 2010). Smaller populations in other states could contribute to more isolated Filipino American families, and a more loosely connected cultural network, which can affect mental health.

A finding that is important to note is the lack of theory found in n=22 studies, especially of theories that centralize culture. Theories help to anchor and operationalize studies by identifying the relationships between certain variables with the intention of explaining or predicting certain outcomes. With the lack of theory in many of the studies, the findings and the explanation of how the findings occurred are difficult to interpret. While there is research conducted in order to develop theory, those studies were few in this review. Importantly, the lack of Filipino culture-centered theory is equally, if not more troubling. Imposing a Westernized theory of disease, behavior, or health onto immigrant and ethnic populations such as the Filipino American population runs the risk of overlooking the nuanced and internalized forms of culture that could be just as impactful as more overt cultural representations (e.g. cuisine, recreational patterns, etc.). The omission of culture-centered theory is important to the advancement of research in stabilizing findings and to the overall well-being of ethnic populations.

Limitations and strengths

This review is not without its limitations. One apparent issue is the location of the studies. Many of the studies in this review were completed on the West Coast. While the majority of Filipino Americans do live in California and Hawai'i, there are still large Filipino American populations in across the United States, namely New York, Texas, and Illinois. Most notably, only one study (Tuason et al., 2014) indicated that their sample came from specific cities across the United States (Jacksonville and Tampa, Florida, Chicago, Illinois, and San Francisco, California). Additionally, Mui et al.'s (2003) drew their sample from New York City. Besides these two studies and the studies with United States samples, no other studies looked at Filipino American populations in other states. Additionally, the studies that looked at existing datasets analyzed data as old as 21 years (Abe-Kim et al., 2004; Gong et al., 2003; Mossakowski, 2003/7; Kuroki, 2015; Li, 2014; Kim et al., 2012). Apart from the California Health Interview Survey, which collects data every year, and the BRFSS, the results from the analyses of older datasets may not reflect or capture the needs and issues of Filipino American populations today. With the methodological quality scale for qualitative studies, authors may have certainly achieved trustworthiness but only chose to report certain criteria in the interest of space or focus. Additionally, the MQS for qualitative studies was newly developed specifically for this study and still requires further calibration. Finally, this review only looked at the mental health or depression of Filipino American populations. There are other issues for Filipino Americans that warrant an in-depth review, however that was not the scope of this particular study.

The methodological quality of the studies in this review are divided according to the type of study, qualitative or quantitative. For studies that collected and/or analyzed quantitative data, all n=37 articles were cross sectional. Of course, collecting cross sectional data is bound by several different constraints including funding. However, if research for Asian American ethnic subgroups are going to continue to uncover the complexities of mental health in these communities, researchers should endeavor to implement more rigorous study designs. Also, about half of the quantitative studies reported the validity (n=16) and reliability (n=24) of the measures used in their studies. Reliability and validity are important in determining the appropriateness, usefulness, and meaningfulness of research. If the measurement tools are not valid or reliable, then any findings specific to the Filipino American community may not mean anything, and valuable time and resources could be wasted. Therefore, it is important for Filipino American researchers, as is with all researchers, to report the reliability and validity of the measures used.

When assessing the methodological quality of qualitative studies for this review, it was quickly realized that there was no comprehensive scale to assess trustworthiness. The author was compelled to develop a methodological quality scale to address the levels of trustworthiness from the qualitative studies in this review. The development of the qualitative methodological quality scale can be found elsewhere (Gabriel & Outley, unpublished). Using this qualitative MQS, it was found that the reporting of measures of trustworthiness were varied. This review only included n=5 qualitative studies. Yet the range for MQS scores was large; the lowest score achieved was 4, and the highest 18.

This suggests that while there are guidelines for establishing trustworthiness in qualitative research, it is really at the discretion of the researcher as to what criteria is addressed, and how thoroughly the criteria are met; and the journal editors regarding what level of trustworthiness is needed for publication. Additional testing and calibration of the qualitative MQS is ongoing.

Implications for practice

This review helps mental health practitioners. Findings in this review indicate there are strong personal, interpersonal, and cultural factors at work that influence the mental health behaviors of Filipino Americans. Understanding Filipino American culture and how it may affect mental health decision making, the manifestation of and perception of mental health illness can help practitioners 1) diagnose earlier, and 2) implement the most effective and culturally tailored treatments or interventions.

The implications of cultural interventions or treatment would be significant. In the general sense, cultural competency is ethical, equitable, and fair, given the disproportion of mental health care use for minorities (Ridley, 1985). For Filipino Americans, the impact could change how Filipino Americans view mental health and the corresponding care. Having a culturally tailored intervention that is relatable to a Filipino world would be more effective in addressing stigmas and apprehension regarding mental health services.

With the findings from this review and the following recommendations for the future, the state of Filipino American mental health research has the potential and room to expand. The need for continued disaggregated data collection will become

increasingly important with the continued immigration of Asian ethnic groups into the United States, and from other countries as well.

Future Directions

There are several points of discussion where research can expand for Filipino American populations. This review has uncovered three distinct areas in which Asian American researchers can explore expand. The first area is to address Filipino American populations in states other than California and Hawai'i as population samples for future studies. While a majority of Filipinos live on the West Coast, there are still sizeable populations in New York, Illinois, and Texas. Filipino Americans in other states will have different environmental and perhaps even sociopolitical factors that may influence their behaviors apart from Filipino Americans on the West Coast.

Second, there needs to be new and continued data collection. Much like the California Health Interview Survey (CHIS) that collects data every year, continued health data collection for Filipino American populations across the country will give researchers, practitioners, and Filipino Americans a better sense of their health issues and quality of life.

Third, alongside continued data collection, there is a need for well-structured longitudinal studies that can capture Filipino American health across the lifespan. Such studies can enhance the current understanding of disease and disease onset for Filipino Americans. There is also an opportunity in longitudinal studies to focus on the impacts of culture and acculturation over time, especially given that Filipino community is the third largest foreign born population in the U.S. (McNamara & Batalova, 2015). This is

an opportunity to conduct comparison studies between foreign born Filipino Americans and U.S. born Filipino Americans that truly focus on acculturation and culture and their influence on health. The impact of such studies can give researchers and practitioners a greater understanding of the effects of other factors such as discrimination, academic achievement, recreation, etc., which are all related to the seven dimensions of wellness (social, emotional, spiritual, environmental, occupational, physical, and intellectual wellness) (Abbott & Baun, 2015; T. Adams, Bezner, & Steinhardt, 1997; T. B. Adams, Bezner, Drabbs, Zambarano, & Steinhardt, 2000; Garcia & Goodson).

Finally, this review gives insight on what has been the common focus of study for Filipino American mental health. This gives researchers the opportunity to expand research agendas that focus on distinct areas of Filipino American mental health (e.g. discrimination, family conflict, adolescent mental health, suicidality, youth development) and not just focus on severity of disease relative to others, but to use a deeper understanding of different influential factors to create sustainable action.

CHAPTER III

ACCUTLURATION, EMOTIONAL SUPPORT, AND HELP-SEEKING BEHAVIOR AMONG FILIPINO AMERICANS: THE INFLUENCE OF *KAPWA*

Introduction

There are currently 3.4 million Filipinos who live in the United States [US] (United States Census Bureau, 2012). While a majority of Philippine immigrants live in California (45%) and Hawaii (6%) there are still sizable Filipino American populations in Texas, New York, Florida, and Illinois (McNamara & Batalova, 2015). Compared to other Asian ethnic subpopulations, Filipino immigrants are more likely to have attained a bachelor's degree (48%), to be naturalized citizens of the U.S. compared to the entire foreign born population (68% vs. 47%) and least likely to live in poverty (7%) (McNamara & Batalova, 2015). Concerning health, Filipinos have the highest percentage of health insurance coverage (73%) of all Asian ethnic groups, yet maintain one of the lowest rates of health care utilization (McNamara & Batalova, 2015). As a result, Filipino Americans have lower rates of treatment for mental illness and those who do utilize mental health resources often have more severe symptoms than white Americans (as cited in Sanchez & Gaw, 2007). It is surprising, therefore, that while research is expanding in Asian American mental health overall, there are still very few studies that more deeply examine general mental health issues, including help-seeking behaviors in this group. Thus, the lack of information specific to Filipino Americans points to a major gap in the knowledge base.

Research across several populations identify the importance of culture as a health behavior factor (Airhihenbuwa, 1995; US Department of Health and Human Services, 2001; General, 2001; Landrine & Klonoff, 2004). Indeed, previous research has identified varying cultural factors that could impact the help-seeking behaviors, attitudes and beliefs of Filipino Americans. These factors have included gender, acculturation, assimilation, familism, stigma and loss of face, religion, cultural expectations, and norms (Abe-Kim, Gong, & Takeuchi, 2004; Ai, Appel, & Nicdao, 2016; Ancheta, Tuason, Volgman, Ancheta, & Battie, 2014; Appel, Huang, Ai, & Lin, 2011; Barreto & Segal, 2005; de Castro, Gee, Fujishiro, & Rue, 2015; de Guzman, Jurado, & Juson, 2015; J. L. Edman, Danko, G.P., Andrade, N., McArdle, J.J., Foster, J. & Gilpa, J., 1999; J. L. J. Edman, R.C., 1999; Fernandez, Ortega, & Lirios, 2013; N. Flores et al., 2015).

Currently much of the research on culture and mental health resides in the fields of psychology, medicine, and sociology research also must acknowledge the impacts of and within social and recreational outlets. As more Filipinos immigrate to the U.S. and adjust into American society, community programs and services such as those created and maintained by youth development professionals (e.g. after school programs, camps, sports teams, clubs, etc.), understand these cultural implications to better serve more diverse populations. Unfortunately, there is few, if any, research in the youth development field that looks at the impact of culture and mental health.

By understanding how culture may influence mental health through culturally sensitive research, youth development focused professionals will be better positioned in

providing counseling and programming services related to mental health for this population.

The purpose of this study was to examine the role of culture in influencing the help-seeking behavior of Filipino Americans by utilizing the shared identity of this ethnic group as explained in Enriquez's (1992) *Sikolohiyang Pilipino* theory. The theory provides a cultural understanding of *the* worldview of the Filipino culture in which the self is not distinguished from others.

Context of Filipinos in America

To gain a better understanding of how acculturation affects Asian American ethnic groups, it is important to examine ethnic groups individually. Filipinos specifically are an Asian ethnic group with a unique relationship to the U.S. due to previous Spanish and American colonization. The Americanization of Filipinos began long before larger numbers began to immigrate to the U.S. (Stephanson, 1996; Bonus, 2000). The U.S. arrival to the Philippines coincided with the islands' rebellion against Spain's 300-year rule for the independence. With the Treaty of Paris in 1898 to end the Spanish-American War, Philippine independence was ignored and the Philippine Islands were ceded as a U.S. territory (Espiritu, 1995). This was one of the significant steps in the acculturation of Filipinos to American culture.

Americanization soon followed in the form of American-style public schools and methods of governance of which there are lasting effects (Bonus, 2000). For example, English is one of the national languages of the Philippines and teaching English in Philippines schools is still compulsory. Where other Asian language speakers may

initially struggle with the language barrier, Filipino American families may not have nearly as challenging of a time mastering English. Therefore, proxy measures of acculturation such as language fluency may not be accurate in describing the impact of acculturation for Filipino populations. U.S. immigration policies controlled which Filipinos were allowed immigrate. The first "official" group of Filipinos to arrive in the U.S. were the *pensionados,* or students from wealthy Philippine families (Bonus, 2000). These Filipinos were sent to the U.S. to study with hope they would return to the Philippines and bring back American ideas and ways of practice in government, education, and private business, as well as to retain U.S. interests. This initial selective immigration effectively overrepresented more economically sound Philippine families and set the precedent for future Filipino immigrants who tended to consist of the highly educated. It has only been in the last 60 years that quotas according to the National Origins Formula ended and allowed Filipinos as well as other foreign nationals to emigrate with reduced restrictions (Immigration and Nationality Act of 1965, 2017).

This unique history may seem like an advantage to Filipinos immigrating to the U.S.. However, there may be silent ways that culture and health interact with each other that significantly impair or enhance the life of a Filipino American that has yet to be discovered.

Acculturation and Help-Seeking among Filipino Americans

Research shows that high ethnic identity, an indicator of low acculturation in which an individual retains home culture beliefs and behaviors, is protective against instances of racism and discrimination (Mossakowski, 2003). More recently, David &

Nadal (2013) found that colonial mentality, a condition in which colonized people hate themselves because of their ethnicity, color, sex, or sexual preference, was associated with higher rates of depression for Filipino Americans.

Social Support and Help Seeking

Together, acculturation and differences in social support paint a unique picture of Filipino American communities. The literature on social support and help-seeking for Filipino Americans in the United States is limited. Studies have shown that high levels of social support were associated with decreased levels of psychological distress, the negative effects of discrimination, and pain (Gee et al., 2006; Nguyen, 2014; Singh, McBride, & Kak, 2015). The intention of this study is to take the next step in uncovering the more nuanced and indirect effects of acculturation and social support on actual help-seeking behaviors. Consequently, the purpose of this study is to use the theory of *Sikolohiyang Pilipino* to examine the relationship between social support, acculturation, and the help-seeking behaviors of Filipino Americans.

Sikolohiyang Pilipino **Theory as a Theoretical Framework for Help Seeking Behavior**

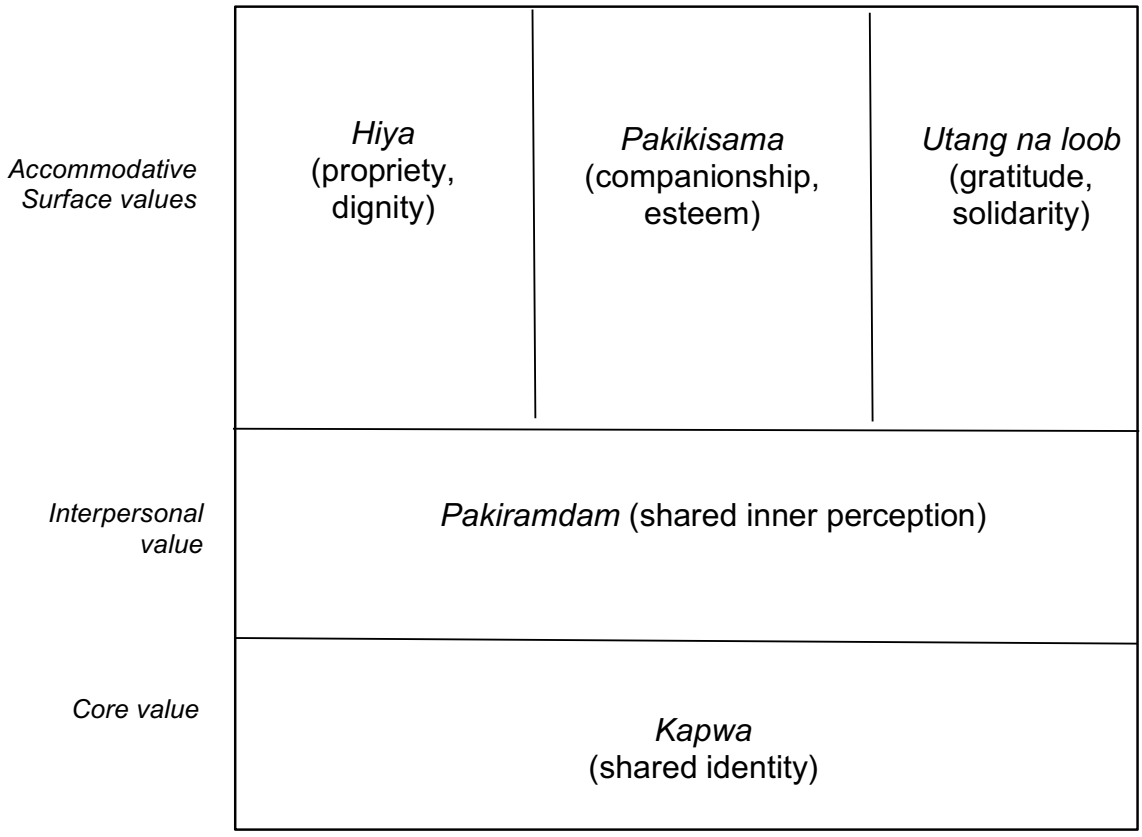
According to Enriquez's (1992) theory *Sikolohiyang Pilipino* (Filipino Psychology) Filipino identity and its community based culture is the primary source for all behaviors. In his theory, Enriquez (1992) differentiates between colonial/accommodative surface values that are most commonly used to describe Filipino cultural behaviors. *Kapwa*, or shared identity, underlies these more commonly used surface values of *hiya, utang na loob, and pakikisama* and a Filipino cannot have

these surface values without having the core value of *kapwa.* In the literature, *kapwa* in part explains the interconnectedness and collectivity Filipino culture (Enriquez, 1992, de Guia, 2005, Nadal, 2011, Reyes, 2015). This shared identity, as Enriquez (1992) describes it, serves as the basis that connects all other Filipino values (see Figure 2). The next step up from *kapwa* is to move from the inner self to a perception shared with others.

Pakiramdam refers to "heightened awareness and sensitivity…an active process involving great care and deliberation manifested in 'hesitation to react, attention to subtle clues, and non-verbal behavior in mental role playing'" (Mataragnon, 1987, as cited in Enriquez, 1992, p. 63; David, 2013). When a person of Filipino heritage uses *pakiramdam*, he or she is attempting to arrive at an appropriate response to critical or vague and ambiguous situations.

Utang na loob, pakikisama, and hiya are the accommodative surface values meant to maintain the status quo of groups or for an individual. Filipinos exhibiting these surface values place the stability and harmony of the collective above their individual needs.

Figure 2. Simplified version of Sikolohiyang Pilipino Psychology



In this case, Filipino Americans, especially in densely populated areas like San Francisco and Honolulu, would have strong social support networks comprised of family members, friends, and the larger Filipino American communities. The sense of *kapwa* among Filipino Americans should result in strong help-seeking behaviors among the intricate lay system that has been culturally cultivated through *kapwa*. However, there is little research that empirically examines *kapwa* and how it might function to influence actual help-seeking behaviors.

The Current Study

The current study intends to examine and clarify *kapwa* as a construct by exploring the relationship between the perceptions of emotional support, acculturation, and from whom participants choose to seek help.

Consistent with Enriquez's (1992) explanation of *kapwa*— the shared identity with family and friends—it is hypothesized that Filipino Americans who perceive higher levels of emotional support increase their odds probability of seeking help from family and friends. It is further predicted that family and friends' emotional support may also increase the odds probability of seeking help from other areas, such as the clergy, mental health providers, and primary care providers.

For this study, it was expected that higher scores in family and friends' emotional support would have higher odds of participants seeking help from family and friends. It was also expected that higher emotional support scores would increase the odds that participants would seek help from other areas (clergy, mental health providers, primary care providers) due to having a more caring and supportive environment. Additionally, it was expected that more acculturated participants would have greater odds of seeking help from clergy, mental health providers, and primary care providers, but not from family and friends. Thus, H_0: $\beta_1=\ldots=\beta_k=0$, H_1: Not all $\beta_i=0$.

Methods

Data

Data for the present study is from the Filipino American Community Epidemiological Study (FACES), collected from 1995-1999 in the San Francisco Bay

area and Honolulu County (Takeuchi, 2011). The goal of FACES was to understand Filipino American health specifically related to alcohol and stress-related behaviors. Interview questions included alcohol use, physical symptoms, mood state, and cultural background (Takeuchi, 2011). The total number of respondents in the original study was N=2,305.

For the current study n=1,928 respondents who answered the help-seeking questions were included in the analyses. Data were analyzed using SPSS 24.0 statistical software.

Measures

Predictor Variables

Demographics

Sociodemographic variables included age, gender, marital status, geographic location, and current employment status were considered in this analysis. Gender of the respondent was dummy coded as 1 for 'female' and 0 for 'male', the marital status variable was coded 0 for 'unmarried', 1 for 'married now'. Geographic location was coded 0 for 'Honolulu' and 1 for 'San Francisco'.

Acculturation

Acculturation was measured with three items, whether the respondent was born in the U.S., length of time the respondent has lived in the U.S., and in what language does the respondent think, 0=Thinking in Filipino and 1=Thinking in English.

Emotional Support

The *emotional support* measured the presence of *kapwa* between participants and their relatives and friends. It was created as a composite score of six questions that asked respondents how much they could rely on their friends and family in a time of need with a score of 3 indicating the greatest amount of emotional support. Cronbach's alpha coefficient for the emotional support scale was 0.92.

Help-Seeking

Help-Seeking dependent variables in these analyses were dichotomous variables (1=yes, 0=no) asking if the respondent sought help from friends and family, clergy, mental health professionals, or a primary care provider.

Analytic strategy

To check for multicollinearity, Pearson correlation analyses were conducted. There was high multicollinearity between age at immigration and being U.S. born, therefore age at immigration was dropped from the subsequent analyses. The remaining correlations between predictor variables indicated independence, VIFs were all less than 1.5.

A series of binomial logistic regression analyses were conducted with the remaining predictor variables to assess the relationships between family and friend emotional support, and acculturation controlling for the demographic variables (age, gender, socioeconomic status). Separate analyses were completed for participants born in the U.S. and those who were not.

Results

Descriptive statistics for all measures can be found in Table 7. For the current study, the 60% of the sample was male, the mean age of participants was 41.88 years, and the mean number of years participants have lived in the U.S. was 19.23 years. Most of the participants indicated being born outside the U.S. (81.1%) and 22.4% of participants were unemployed. Respondents also reported a high level of emotional support from family (M=2.74, SD=0.343) and friends (M=2.65, SD=0.401). Family and friend emotional support was more common when the participant was newly immigrated to the U.S.. Filipino Americans born in the U.S. showed a decrease in emotional support from friends and family over time living in the U.S.

Table 7. Sample characteristics

N=1928	*% / Mean (SD)*
Gender	60.5% male
Marital status	66% married
Age (years)	41.88 (13.22)
Employment status	78% working
Length living in U.S.	19.23 (13.24)
County	57% Honolulu
U.S. born	81% born overseas
Thinking in English	69.1% No
Family emotional support	2.739 (.34)
Friend emotional support	2.653 (.40)
Family and friends helped	83.2% No
Priest or minister helped	97.5% No
Mental health specialist helped	98% No
Primary care provider helped	93% No

Help Seeking Behaviors and Social Support

There were no significant gender differences receiving help from family or friends, priests or ministers, and mental health specialists. There was a significant gender difference for receiving help from primary care providers [Male M=.177, SD=.382 vs. Female M= .152, SD=.359, F(1, 1926)= 4.20, p=.04].

There were significant differences between respondents born in the U.S. and those who were not in receiving help from family or friends [Born overseas M= .137, SD=.344 vs. Born in U.S. M= .296, SD=.457, F(1, 1926)= 7.49, p=0.00], primary care providers [Born overseas M= .06, SD=.246 vs. Born in U.S. M= .12, SD=.320, F(1, 1926)=11.15 , p=.001], and mental health specialists [Born overseas M= .02, SD=.128 vs. Born in U.S. M= .04, SD=.128, F(1, 1926)=5.44 , p=.020], but not for priest or minister help. There were differences between English "Thinkers" [ET] and Filipino "Thinkers" [FT] in receiving help from their friends and families (ET's M=.245, SD=.430 vs. FT's M=.132, SD=.339; F(1, 1926)=37.78 , p=0.00], primary care providers [ET's M=.09, SD =.290 vs FT's M=.07, SD =.248; F(1, 1926)=4.13 , p=.04], and mental health specialists [ET's M=.04, SD =.201 vs FT's M=.01, SD =.102; F(1, 1926)=20.73 , p=0.00]. There were no between group differences for help-seeking from priests/ministers.

Regression Results

Three different regression models were tested in this study for each outcome variable (Y_1=sought help from family and friends, Y_2= sought help from priest or minister, Y_3=sought help from primary care provider, and Y_4=sought help from mental health specialist).

Model 1 included only demographic variables of age, gender, marital status, employment status, and geographic location. Model 2 added measures of acculturation: length of stay in the U.S., nativity, and thinking in English. Model 3 added the measures of *kapwa* as measured by family emotional support and friend emotional support.

Model 1: Testing Demographic Variables

Friends and Family Helped

Model 1 was significant, χ^2=53.402, p<0.00. However, the model only explained 6% (Nagelkerke R^2) of the variance in family and friend helping and correctly classified 86.3% of cases. Three of the five predictor variables in model 1 were significant at the α=.01 level: marital status, age, and location; and one predictor variable was significant at the α=.10 level: gender.

Priest or minister (clergy) helped

Model 1 (Table 8) was significant, χ^2=24.083, p<0.00. Similarly, model 1 only explained 8% (Nagelkerke R^2) of the variance in a priest or minister helping and classified 97.8% of the cases correctly. Only location was significant at the α=.01 level. Participants who lived in San Francisco had 4.87 times higher odds in receiving help from a priest or minister. Marital status and employment status were significant at the α=.10 level; however, the odds that respondents who were married or employed was about half that of a respondent that was unmarried or unemployed.

Table 8. Logistic regression predicting help-seeking: Model 1

Variable	B	S.E.	*df*	*p*	Odds Ratio	95% C.I. for Odds Ratio	
Friends and Family							
Gender	-0.269	0.159	1	0.09	0.764	0.56	1.043
Marital status	-0.623	0.16	1	0.00	0.536	0.392	0.734
Employment status	-0.258	0.187	1	0.169	0.773	0.535	1.116
Age (Years)	-0.021	0.006	1	0.001	0.979	0.967	0.991
Location	0.508	0.151	1	0.001	1.661	1.236	2.234
Priest or Minister							
Gender	-0.336	0.375	1	0.371	0.715	0.343	1.491
Marital status	-0.643	0.363	1	0.076	0.525	0.258	1.07
Employment status	-0.698	0.391	1	0.074	0.497	0.231	1.07
Age (Years)	0.005	0.014	1	0.689	1.005	0.979	1.033
Location	1.582	0.411	1	0.00	4.866	2.173	10.9
Constant	-3.911	0.781	1	0.00	0.02		
Primary Care Provider							
Gender	-0.239	0.224	1	0.286	0.788	0.508	1.222
Marital status	0.158	0.251	1	0.528	1.171	0.717	1.914
Employment status	-0.701	0.23	1	0.002	0.496	0.316	0.779
Age (Years)	0.027	0.009	1	0.002	1.028	1.01	1.046
Location	0.226	0.211	1	0.285	1.253	0.828	1.895
Constant	-3.532	0.516	1	0.00	0.029		
Mental Health Specialist							
Gender	-0.074	0.412	1	0.857	0.929	0.414	2.082
Marital status	0.132	0.461	1	0.775	1.141	0.462	2.819
Employment status	-0.881	0.437	1	0.044	0.415	0.176	0.976
Age (Years)	-0.021	0.017	1	0.201	0.979	0.948	1.011
Location	1.55	0.473	1	0.001	4.709	1.863	11.906
Constant	-3.534	0.85	1	0	0.029		

Primary care provider helped

Model 1 was also statistically significant for receiving help from a primary care provider χ^2=26.153, p<0.00 and only explained 4% (Nagelkerke R^2) of the variance and

classified 93.5% of the cases correctly. None of the demographic predictor variables showed any significant relationship to receiving help from a primary care provider.

Mental health specialist helped

Model 1 was statistically significant in predicting whether respondents received help from mental health specialists χ^2=17.232, p<0.00, and like the other dependent variables, explained a small amount of the variance 7% and classified 98.3% of the cases correctly. Location was found to be significant predictors of a primary care provider helping at the α=.01 level and employment status was significant at the α=.05 level. Participants who lived in San Francisco had 4.709 higher odds than those living in Honolulu in receiving help from a mental health specialist, and participants who were employed had lower odds (OR=0.415) of receiving help from a mental health specialist than those who were not employed.

Model 2: Acculturation predictors added

For Model 2 the predictor variables of length of stay in the U.S., nativity (born in the U.S. or not), and thinking in English were added to model 1 as additional main effects. Model 2 was again tested with each of the four outcomes. (See Table 9)

Family and friends helped

With the added acculturation variables, model 2 was significant χ^2=130.198, p<0.00 and explained more of the variance than model 1 with only the demographic variables (Nagelkerke R=.11). Gender, marital status, age, and location all remained significant. Being born in the U.S. was marginally significant (α=.10) in predicting

receiving help from family and friends; participants born in the U.S. had 1.527 greater odds of receiving help from family and friends than those who were not born in the U.S..

Table 9. Logistic regression predicting help-seeking: Model 2

Variable	*B*	*S.E.*	*df*	*p*	*Odds Ratio*	*95% C.I. for Odds Ratio*	
Family and Friends							
Gender	-0.342	0.133	1	0.01	0.711	0.547	0.923
Marital status	-0.601	0.139	1	0.00	0.548	0.417	0.72
Employment status	-0.044	0.156	1	0.778	0.957	0.705	1.3
Age (Years)	-0.024	0.007	1	0.00	0.976	0.963	0.989
Location	0.58	0.13	1	0.00	1.785	1.382	2.305
Thinking in English	0.019	0.169	1	0.911	1.019	0.732	1.419
Length of time living in US	0.01	0.008	1	0.197	1.01	0.995	1.025
US born	0.424	0.221	1	0.055	1.527	0.991	2.355
Constant	-0.709	0.297	1	0.017	0.492		
Priest or Minister							
Gender	-0.562	0.327	1	0.085	0.57	0.3	1.081
Marital status	-0.539	0.321	1	0.093	0.583	0.311	1.094
Employment status	-0.483	0.338	1	0.154	0.617	0.318	1.198
Age (Years)	-0.005	0.015	1	0.738	0.995	0.966	1.025
Location	1.196	0.327	1	0.00	3.307	1.741	6.28
Thinking in English	-0.245	0.387	1	0.527	0.783	0.366	1.671
Length of time living in US	0.014	0.017	1	0.384	1.014	0.982	1.048
US born	0.155	0.514	1	0.763	1.167	0.426	3.195
Constant	-3.511	0.708	1	0.00	0.03		
Primary Care Provider							
Gender	-0.345	0.19	1	0.069	0.708	0.488	1.028
Marital status	-0.082	0.197	1	0.677	0.921	0.627	1.355
Employment status	-0.681	0.192	1	0.00	0.506	0.347	0.737
Age (Years)	0.016	0.009	1	0.069	1.016	0.999	1.034
Location	-0.029	0.187	1	0.875	0.971	0.673	1.4
Thinking in English	0.153	0.238	1	0.52	1.165	0.731	1.858
Length of time living in US	0.004	0.009	1	0.651	1.004	0.986	1.022
US born	0.46	0.33	1	0.164	1.583	0.829	3.023

Table 9. Continued

Variable	B	S.E.	df	p	Odds Ratio	95% C.I. for Odds Ratio	
Constant	-2.784	0.424	1	0	0.062		
Mental Health Specialist							
Gender	-0.443	0.35	1	0.205	0.642	0.323	1.274
Marital status	-0.079	0.36	1	0.826	0.924	0.456	1.872
Employment status	-0.657	0.366	1	0.073	0.519	0.253	1.063
Age (Years)	-0.035	0.019	1	0.072	0.966	0.93	1.003
Location	0.997	0.369	1	0.007	2.71	1.314	5.591
Thinking in English	0.846	0.415	1	0.042	2.33	1.033	5.256
Length of time living in US	0.054	0.021	1	0.009	1.055	1.013	1.099
US born	-0.851	0.504	1	0.092	0.427	0.159	1.147
Constant	-3.738	0.796	1	0.00	0.024		

Priest or minister, primary care provider helped

Model 2 was significant for predicting a priest or minister helping χ^2=24.191, p<0.01 and for a primary care provider helping χ^2=38.941, p<0.0, but only explained 6% and 5% of the variance (Nagelkerke *R*), respectively. None of the added acculturation variables were significant in predicting respondents receiving help from a priest or minister or for receiving help from a primary care provider.

Mental health professional helped

Model 2 was also significant χ^2=36.255, p<0.00 and predicted 10% of the variance (Nagelkerke *R*). All three acculturation variable had significant relationships. Length of time living in the U.S. and thinking in English were significant at the α=.05 level, and being U.S. born was significant at the α=.10. Respondents who think in English had 2.33 times greater odds in receiving help from a mental health specialist than from a respondent who did not think in English. However contrarily, respondents

born in the U.S. were found to have nearly half the odds (OR=0.427) that those born outside the U.S. in receiving help from a mental health specialist.

Model 3: The Concept of Kapwa, emotional support variables added

The final main effect model included the measures of emotional support from family and emotional support from friends, which was used to measure the concept of *kapwa*. This new main effect model was also significant χ^2=156.998, p<0.00 and explained 13% of the variance. (See Table 10). Of the two added emotional support measures, friend emotional support was significant the α=.01 level. Participants with higher amounts of emotional support had 2.626 higher odds of receiving help from family and friends than those who had lower friend emotional support scores. Interestingly, emotional support from family members was not significant. Family and friend emotional support were not significant in model 3 for predicting help from a priest or minister or from a mental health specialist. However, friend emotional support was significant in predicting receiving help from a primary care provider (*b= -0.977*, *p=0.00*); participants who reported increased friend emotional support scores and lower odds of receiving help from primary care providers (OR=0.376).

Table 10. Logistic regression predicting help-seeking: Model 3

Variable	B	*S.E.*	*df*	*p*	*Odds Ratio*	*95% C.I. for Odds Ratio*	
Friends and Family							
Gender	-0.312	0.134	1	0.020	0.732	0.562	0.953
Marital status	-0.587	0.141	1	0.000	0.556	0.422	0.733
Employment status	-0.074	0.157	1	0.638	0.929	0.682	1.264
Age (Years)	-0.022	0.007	1	0.001	0.978	0.965	0.991
Location	0.629	0.134	1	0.000	1.876	1.444	2.437
Thinking in English	-0.045	0.171	1	0.794	0.956	0.683	1.338
Length of time living in US	0.01	0.008	1	0.175	1.01	0.995	1.026
US born	0.45	0.223	1	0.044	1.568	1.013	2.429
Family Emotional support	-0.235	0.215	1	0.273	0.79	0.519	1.204
Friend Emotional support	0.965	0.199	1	0.000	2.626	1.779	3.876
Constant	-2.755	0.677	1	0.000	0.064		
Priest or Minister							
Gender	-0.545	0.327	1	0.095	0.580	0.305	1.100
Marital status	-0.530	0.322	1	0.100	0.589	0.313	1.107
Employment status	-0.491	0.339	1	0.147	0.612	0.315	1.188
Age (Years)	-0.004	0.015	1	0.779	0.996	0.967	1.026
Location	1.209	0.330	1	0.000	3.351	1.755	6.397
Thinking in English	-0.283	0.391	1	0.470	0.754	0.350	1.623
Length of time living in US	0.015	0.017	1	0.378	1.015	0.982	1.048
US born	0.153	0.514	1	0.766	1.165	0.425	3.194
Family Emotional support	-0.125	0.486	1	0.798	0.883	0.341	2.288
Friend Emotional support	0.405	0.438	1	0.355	1.499	0.636	3.537
Constant	-4.287	1.520	1	0.005	0.014		
Primary Care Provider							
Gender	-0.405	0.192	1	0.035	0.667	0.457	0.972
Marital status	-0.076	0.200	1	0.704	0.927	0.626	1.372
Employment status	-0.666	0.194	1	0.001	0.514	0.351	0.751
Age (Years)	0.016	0.009	1	0.070	1.016	0.999	1.034
Location	-0.094	0.189	1	0.619	0.910	0.628	1.319
Thinking in English	0.254	0.240	1	0.289	1.289	0.806	2.062
Length of time living in US	0.003	0.009	1	0.769	1.003	0.985	1.021
US born	0.451	0.333	1	0.176	1.570	0.817	3.015

Table 10. Continued

Variable	*B*	*S.E.*	*df*	*p*	*Odds Ratio*	*95% C.I. for Odds Ratio*	
Family Emotional support	-0.349	0.266	1	0.189	0.705	0.419	1.188
Friend Emotional support	-0.978	0.236	1	0.000	0.376	0.237	0.597
Constant	0.695	0.801	1	0.386	2.003		
Mental Health Specialist							
Gender	-0.495	0.353	1	0.161	0.609	0.305	1.218
Marital status	-0.068	0.363	1	0.851	0.934	0.459	1.903
Employment status	-0.639	0.366	1	0.081	0.528	0.258	1.082
Age (Years)	-0.034	0.020	1	0.079	0.966	0.930	1.004
Location	0.972	0.372	1	0.009	2.643	1.274	5.483
Thinking in English	0.914	0.417	1	0.028	2.495	1.101	5.656
Length of time living in US	0.053	0.021	1	0.010	1.055	1.013	1.098
US born	-0.856	0.504	1	0.090	0.425	0.158	1.141
Family Emotional support	-0.359	0.512	1	0.483	0.698	0.256	1.904
Friend Emotional support	-0.428	0.462	1	0.355	0.652	0.263	1.614
Constant	-1.688	1.563	1	0.280	0.185		

Discussion

The value of *kapwa* in Filipino culture is the anchoring value that sustains all other Filipino values. While there is research on other Filipino surface values, there is notably less research on *kapwa* and how it drives and sustains emotional support and influences help-seeking behaviors. The current study addresses this important gap in the literature by testing previously gathered data from a large Filipino community study. Using Enriquez's (1992) theory *Sikolohiyang Pilipino* as a guide, it was hypothesized that *kapwa*, measured through family and friends' emotional support, would help clarify actual help-seeking behaviors.

The findings were consistent with this hypothesis for Model 1 in which increased family and friends' emotional support increased the likelihood that help was sought from friends and family members. While it may seem like an obvious conclusion to be drawn,

like many other non-white ethnic groups there is an aversion to seeking help especially for mental health issues. Therefore, the findings for model one and the conclusion that *kapwa* seems to support help-seeking behaviors is important. This shows that while there can be reticence, these strong emotional support systems are a resource and a potential ally in addressing Filipino American mental health needs.

Conclusions, albeit cautious ones, can also be drawn from the non-significant results. It was surprising to find that family and friend emotional support did not have any significant effect on participants seeking help from a priest or minister. In the literature, faith and religiosity are commonly cited as central to Filipino life. Filipinos' belief in God is often considered "a vital resource in helping them cope with their stressors [and]…also has a stabilizing effect on their lives in times of distress (Tompar-Tiu & Susteno-Seneriches, 1995, p. 116). Further, the faith community (particularly the Catholic community) is also often seen as a part of the Filipino extended family (Tompar-Tiu & Susteno-Seneriches, 1995; Abe-Kim, Gong & Takeuchi, 2004; Cherry, 2014). Therefore, to see that there was no significant effect in seeking help from the clergy was anomalous. However, this could also be explained by the closeness of the faith community and the Filipino community. Because church elders are also most likely a part of the greater Filipino community, there could be caution in seeking help from a church member for fear of *tsismis*, or gossip.

Additionally, it was not a surprise that seeking help from a mental health care provider was non-significant. According to Filipino culture, mental health and thus mental health care are taboo subjects to address, let alone discuss with strangers. There

are traditional Filipino beliefs about the etiologies of illness, whether they are supernatural, the cause of an experience or behavior of the sufferer, or naturalistic beliefs about imbalances in equilibrium (wind, heat, cold, etc.; Tompar-Tiu & Susteno-Seneriches, 1995; Tan, 1987). So naturally, remedies for mental health illnesses and disorders may also be sought in traditional Filipino ways as well. Further, this non-significant finding supports other research that reports that Filipino Americans have lower rates of mental health care usage (Tompar-Tiu & Susteno-Seneriches, 1995; Sanchez & Gaw, 2007; Nadal, 2011).

Results from Model 3 were also consistent with current literature on Filipino mental health help-seeking. Findings show that participants were more likely to seek help from their primary care providers. In other studies, Filipino Americans have reported psychosomatic symptoms such as headache, dizziness, insomnia, etc. to their primary care providers, not realizing that their symptoms could be somatizations of greater mental health issues ((González et al., 2010)Uba, 1994; Tompar-Tiu & Susteno-Seneriches, 1995; Greenberger & Chen, 1996; Nadal, 2011).

The current research is important because it adds to a small body of literature that uses Filipino-centered values in addressing help-seeking behaviors. The results of this study were consistent in explaining the importance of emotional support systems for Filipino Americans when seeking help from their lay system. However, there is still more research needed to understand the role faith and the church play in help-seeking behaviors with relation to emotional support. The findings in this study were contrary to what has been predominantly reported about faith and Filipino life. The findings also

supported broader conclusions of Filipino American reluctance to seek help from mental health care providers until the symptoms are severe and debilitating, or more commonly, manifested in psychosomatic ways.

Limitations

Due to several limitations, the findings from this study should be considered with caution. First, an important limitation that should be mentioned is that the data analyzed for this study is over 20 years old. Since then there have been changes to the Filipino community that could have impacted Filipino cultural views. Second, data were collected in two areas (San Francisco and Honolulu) that have high Filipino American populations. The results of this study, while compelling, cannot be generalized to the larger Filipino American diaspora. Third, the results of this study of *kapwa* should be interpreted cautiously. Because this was a secondary data analysis of a larger dataset, findings are limited to the variables presented in the study. The available variables might not adequately capture the construct of *kapwa*.

Implications for Research and Practitioners

Areas for future research are also promising. One area of future research is to collect more up to date, national data for Filipino Americans. While the original larger dataset has provided key insights to areas such as discrimination, suicidality, loss of face, drug use, etc. much has changed in 20 years that could influence Filipino American life and culture (Kuroki, 2015; Abe-Kim, Gong, & Takeuchi, 2004; Gong, Gage & Tacata, 2003; Gee, Delva & Takeuchi, 2007). Additionally, there are growing Filipino American communities in other parts of the U.S. that could have different significant

factors than the more established communities on the West Coast. The next steps for the current study is to look at the effect of age and age categories to ascertain the impact of development effects between the Philippine-born and U.S.-born Filipinos on help-seeking. An additional line of inquiry into the current dataset would be to look at other Filipino cultural values and determine their impact on help-seeking behaviors.

Conclusion

The results of this study are important in expanding the literature on mental health and help-seeking behaviors for Filipino Americans. While the current body of literature is growing, there is still work to be done that centers the Filipino and his or her experiences with mental health, culture, and behaviors. While the use of mental health care providers was found to be non-significant, there is still an untapped and intricate network of family and friend emotional support that is pivotal in the wellbeing of Filipino Americans.

CHAPTER IV

UNDERSTANDING HELP-SEEKING BEHAVIORS AMONG FILIPINO AMERICAN EMERGING ADULTS USING *SIKOLOHIYANG PILIPINO* FRAMEWORK

Introduction

Current research may be deceiving in painting an accurate picture of Filipino American mental health. Research has shown that Filipino American adults have higher depression rates than the general U.S. population and Whites (Kuo, 1984, Tompar-Tiu & Susteno-Seneriches, 1995, David & Okazaki, 2006). Further, Filipino Americans engage the healthcare system at much later times, and often with more severe symptoms of mental health problems (Sanchez & Gaw, 2007). If Filipino Americans do finally receive mental health care, they are less likely to report past antidepressant use, if any, and are more likely to report psychosomatic symptoms rather than emotional or mental health symptoms (Uba, 1994; Tompar-Tiu & Susteno-Seneriches, 1995; Greenberger & Chen, 1996; Gonzalez et. Al, 2010; Nadal, 2011).

Filipino American Help Seeking Behaviors

It is important to critically observe the ways in which Filipino American emerging adults navigate their realities, their spaces, and how they seek care. One study found that (regardless of race/ethnicity) even with being diagnosed with a mental health disorder fewer than 25% of college aged students sought out care (Blanco et al., 2008). Another study found that self-stigma was associated with weaker intentions to seek help

(Cheng, McDermott & Lopez, 2015). Gage & Gong (2003) reported that 75% of participants in the Filipino American Community Epidemiological Study (FACES) did not seek help at all, while 13% sought help in the lay system (that is, asking a family or close friend for help). In another analysis of the FACES data, one finding reported somatic symptoms and emotional distress were associated with higher probabilities of seeking help from clergy members, suggesting that more informal systems may be a preferred avenue for Filipino Americans who need help.

The effects of acculturation on Filipino American help-seeking behaviors

Acculturation is defined as the adaptation to one's host culture, and is relevant to various physical and mental health outcomes among Asian Americans (Suinn, 2010). Ethnic identity was found to play a role in buffering the effects of discrimination against Filipino Americans. The findings suggest that Filipino Americans who held on to their Filipino heritage rather than acculturating toward an American one, experienced fewer depressive symptoms (Mossakowski, 2003; Mossakowski, 2007). Filipinos Americans who endorsed their Filipino heritage were more likely to observe traditional methods of practice and healing, which would preclude the provision of appropriate care (Sanchez & Gaw, 2007). According to David (2010) there may also be a level of cultural mistrust that makes Filipino Americans apprehensive. It was found that high cultural mistrust was related to lower likelihood in seeking professional care (David, 2010).

In previous studies of older Filipino Americans and Filipino immigrants to the United States, it was found that only 3% used any type of mental health service (Abe-Kim, Gong, & Takeuchi, 2004; Abe-Kim et al., 2007; Gong, Gage, & Tacata, 2003). In a

sister study conducted in the Philippines, authors surveyed Filipino university students on their help-seeking behaviors, emotional support, problem severity, and loss of face (Tuliao, Velasquez, Bello & Pinson, 2016). Social support was not associated with the severity of the problem; however, after adding loss of face, there were positive associations between self-concealment and intent to seek counseling (Tuliao et al., 2016). Another study of Filipino oversea workers showed there was reticence to seek mental health care because of the stigma and the nature surrounding counseling. Participants feared being labeled as crazy and weak (Hechanova et al., 2013).

Currently, there is a dearth of literature that centers Filipino culture in relation to help-seeking behaviors of Filipino American students in the United States. Therefore, this study will be a culturally centered study, using the framework of *Sikolohiyang Pilipino* (Filipino Psychology). To understand help-seeking behaviors, this research will focus on explaining Filipino realities through Filipino perspectives, while acknowledging the values and characteristics of the Filipino community (Enriquez, 1992).

Sikolohiyang Pilipino Framework

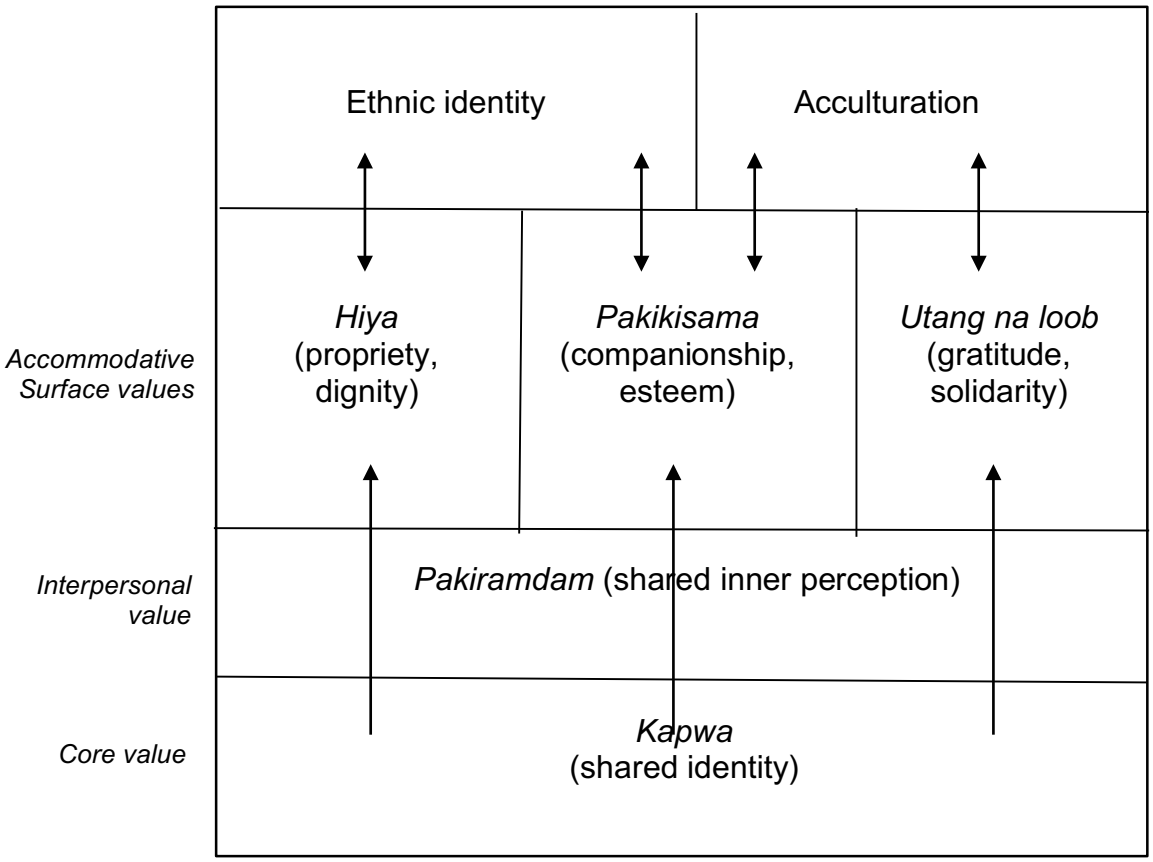
Fortunately, Virgilio Enriquez's (1992) text on Filipino Psychology (Sikolohiyang Pilipino) establishes a starting point when addressing research for Filipinos. Unlike many theories and models, *Sikolohiyang Pilip*ino places the Filipino and Filipino culture at the center. This approach aims to understand the Filipino person and in context with their culture and surroundings, rather than taking a problem-oriented approach that Westernizes the effects of culture (Enriquez, 1992).

The grounding value that supports all other Filipino values is *kapwa*. *Kapwa* translates as "a shared inner self with others", or "a shared fellow being". This value, at its core, is relational, and is achieved when others recognize the shared identity (See Figure 3). There are different ways in which this shared inner self can be identified. The focus of this study is to look at the accommodative surface values of *utang na loob, hiya,* and *pakikisama.* These values represent the most common surface values studied and are also the most misrepresented.

Utang na loob: "gratitude", "human solidarity". *Utang na loob* is a value that "moves to recognize, respect, promote, and at times defend the basic dignity of each person" (Enriquez, 1992, p. 70). Commonly *utang na loob* is demonstrated by sacrificing individual interests to prioritize another person's or the family's needs. There is deep respect and gratitude, especially to parents.

Hiya: "propriety", "dignity". *Hiya* is value that prioritizes behaviors that are respectful to the individual and the family (Enriquez, 1992). *Hiya* is also being aware that individual behaviors and accomplishments reflect on the family; therefore, one must always uphold *hiya* because it is not just the individual's dignity and honor at stake, it is also the *hiya* of the parents (Enriquez, 1992; Ho, 1993; Chao & Tseng, 2002).
Pakikisama: "companionship" "esteem". *Pakikisama* is only one of the building blocks of interpersonal relationships. It is characterized by camaraderie and civility with others (Enriquez, 1992). *Pakikisama* is part of a more complex value of *pakikipagkapwa,* in which all trust, all conviction, and all oneness with others is realized.

Figure 3. A conceptual model of *kapwa*



Methods

Participant recruitment and study sample

The sample for this study was based on a convenience sample obtained from the Goodphil Games, an annual weekend event occurring every March in Texas. The Goodphil Games is sponsored every spring by Filipino Student Associations (FSAs) from universities across Texas which come together to compete in cultural, school spirit, hip hop dance and sports tournament. In 2016, Goodphil was held at the University of Texas at Austin. I traveled to the Austin campus with my cousin, who was a former president of her school's FSA. On the first day of the event I approached potential

participants with postcard sized flyers with the study and contact information on them. At the check-in and registration, I placed flyers at each "home station" for participating schools so that as Goodphil participants registered, they were given a recruitment flyer. During the Goodphil sports tournament on Saturday, my advisor and I placed more flyers on cars in the parking lot. During these two days, I made the acquaintance of a Goodphil participant from one of the schools, who was keen on helping me pass out flyers to other participants. At the sports tournament, he offered to take some of my flyers and pass them out to players during his down times and helped to convince skeptical potential participants. Additionally, I posted digital versions of the recruitment flyers on social media (Facebook, Instagram, Twitter) and shared them in Filipino-specific Facebook groups. Like the volunteer at the sports tournament, an older alumnus of an FSA deputized himself and used his connections in the Filipino community to share my study flyer in other Filipino Facebook groups I did not have access to and added me to several regional and state groups. Recruitment lasted for six weeks from March to April of 2016.

Procedures

Interviews for this study were done in April and May of 2016. I sent the information sheet and consent form to respondents who were willing to participate. I scheduled interview dates and times with consenting respondents and allowed them to pick a location in which they were comfortable being interviewed. I conducted interviews in four different cities across the state of Texas and interviews lasted between one and three hours.

Before beginning each interview, I spent the first 10 to 15 minutes of each meeting getting to know each participant and giving them a chance to become comfortable with me. For the semi-structured interviews, I focused on participants' life experiences for the first half of the interview. This allowed the participants to tell me stories about their childhood, growing up in their host country or the US, and what they considered significant events in their lives. I asked follow-up questions to clarify details such as their parents' occupation, the age at which they immigrated (if they immigrated), how many siblings they have, to clarify timeline issues, etc. The second half of the interview, transitioned into talking about help-seeking behaviors and how each participant perceived help and how it manifested itself during their life experience stories that emerged in the first part of the interview. Depending on the experiences they chose to share, I asked probing questions about their relationships, emotions, though processes, culture, and specific mental health issues (e.g. depression and anxiety).

All interviews were audio recorded with the permission of the participant. Field notes and journaling were conducted extensively throughout the data collection, analyses, and writing processes.

After each interview, I gave participants a $25 Visa gift card as a thank you for their participation.

In order to increase the trustworthiness of the qualitative study, I also conducted member checks with each participant and prolonged engagement through additional time catching up with each other via email or text after the conclusion of the interview. Also, given the personal experiences in which reminiscing may cause distress, each participant

was provided a location specific resource list with contact information for spiritual, health, university (if applicable) and cultural services and organizations, should they feel the need to reach out.

Results

I analyzed nine interviews with seven women and two men. The mean age of participants was 22 years. All participants identified as Filipino or Filipino American and were either currently enrolled at a Texas college or university or had already graduated from college with a bachelor's degree. Two participants were born in the U.S., two participants immigrated to the U.S. before they were 10 years old, and the other five participants immigrated to the U.S. when they were between the ages of 11 and 16 years old. Only one participant was married and had children.

The main question that I sought to answer was, *"How did the core value of kapwa manifest itself in help-seeking situations?"* Throughout my interviews the accommodative surface values of *utang na loob, pakikisama, and hiya* appeared in three areas 1) in relationships/social interactions, 2) in Christian faith, and 3) in themselves.

Culture in Navigating Relationships with Others

Utang na loob and Parent-Child Relationships

Utang na loob appeared in several different participant accounts. Some participants recalled stories of harmony within their families due to everyone observing Filipino values whether knowingly or unknowingly. Those who struggled with mental health issues or with their relationships with other family members had a more difficult time with balancing Filipino values with mainstream American values.

For some participants, there was a lot of conflict with their parents. Parent-child family dynamics seemed to cause a lot of tension, especially when dating was involved. Several participants in this study spoke to some degree of conflict with their parents due to being caught in between their traditional Filipino cultural norms and growing up more Americanized. Despite these conflicts, participants always felt a sense of indebtedness and obligation to obey their parents regardless of the situation. This highlights the concept of *utang na loob*, a Filipino concept that functions "prior to any reception of favor. It is used as a plea prior to any favor because *utang na loob*, the debt owed to another person who shares a common humanity (*loob)*, exists just because we are fellow human beings" (Enriquez, 1992, p. 69). It focuses on honoring and respecting the values of parents, despite having an identity that is counter to the traditional Spanish values of *marianismo* that Filipinos adopted during the 300-year Spanish rule of the Philippines.

While there were no explicit favors that participants asked of their parents, *utang na loob* can also be applied to relationships between parents and children. In this application, children feel a sense of indebtedness to their parents, and as such show their respect by conforming to their parents' views and wishes.

Unknowingly, Jed demonstrated the concept of *utang na loob*, pleading for her parents to respect her humanity while still being grateful and respectful to them (Enriquez, 1992). Jed is a 21-year old second generation Filipina American who was born and raised in the Dallas area. She was currently in her last semester of college and had a job lined up in Houston when she was interviewed for this study. Jed has identified as gay from an early age, and struggled with keeping her sexuality a secret from her

parents until she felt ready to come out to them. She felt a sense of obligation to her parents due to her college education being financed by them. In her eyes, it would be disrespectful to her parents for her to come out as gay before she could be independent and take care of herself.

> I knew I had my life together. So, if I didn't have my life together, I had nothing to back up me being this sexuality and everything, you want what I mean? So, I was going to wait till I graduated from college which is why I waited that long to even tell them. Because if they shunned me after I told them, I knew I could survive without them. I didn't want to depend on them anymore than I already do. I already feel like I owe them everything. (personal communication, Jed, April 29, 2016)

Even though her sexuality is very much an intimate and integral part of who she is, Jed was still acutely aware of her parents' traditional conservative Filipino views and did not want to do anything that would upset their family dynamic. These Filipino cultural values are also influenced by traditional stereotypes of men and women (Nadal, 2011). Being raised in a Catholic home, there were strict rules about sexuality that added an additional layer of tension to Jed's predicament. Jed understood that she was not fitting those traditional gender norms and Catholic beliefs, which ultimately intensified her internal conflict.

> [I told my mom] "And all these years you've watched me grow up, have I ever done wrong?" You know what I mean? So that's what I told my mom. And I hate that's what made her a little more like easily accepting. My mom talked to me alone after they confronted me together and said my dad was having a hard time understanding and accepting me because "that's not how he grew up" (which was in the Philippines). To me, [in] the Asian culture or the Filipino culture you are judged the heaviest by your family. Which to me, I never understood. They should be the most loving and accepting, but that's just not how things are in that part of the world. (personal communication, Jed, April 29, 2016)

Depending on their backgrounds and immigration experiences, *utang na loob* can manifest in more positive ways as well. Jed, who was a second generation Filipino American struggled with being true to sexual identity without being disrespectful to her parents. For other participants like Kino, his *utang na loob* was accommodating of his parents and his navigation with the value was smoother.

Kino is a 28-year old man who graduated from college with a degree in engineering. His relationship with his parents is unique. His parents immigrated to the United States first and left him, the youngest child, in the care of his older siblings in the Philippines. He told me that for the first 12 years of his life, he was raised by his older siblings while he parents were in the United States working. His parents would send money back to help support him and his siblings until one by one his brothers and sisters were petitioned by their jobs or their parents to immigrate to the United States or Canada. Kino said he was 13 years old when he met his father for the first time. His father came back to the Philippines to bring Kino to the United States. However, before traveling to the States, Kino and his father traveled around Asia to spend some time bonding. When he met his mother, Kino expressed happiness at being reunited with his parents; however, the reunification did not come without problems. Because he was used to confiding in his older siblings, Kino continued to go to them for support and advice until he realized the strain it was putting on his relationship with his parents:

> It took a lot of like, I guess, on my part to push myself to be more comfortable around them because it's like meeting a stranger. I know them as my parents, but they're still strangers to me. In the beginning, it would be telling my siblings [my problems], but then slowly but surely transitioning to telling all my problems to my parents. And I know they're trying to fill their responsibility too as parents in their obligation to care for the child, but it was also hard for them as well. Yeah,

> yeah, it was very difficult. It was like a business relationship. "Here are my grades," "All good. Now here is your reward." (personal communication, Kino, April 24, 2016)

Because he left the Philippines at a later age than some other participants, Kino was much more cognizant of the traditional Filipino practices having more recently immigrated to the U.S., so he could be more accommodating for his parents. Overall his view of his parents was positive and without major conflict between being Americanized and keeping traditional cultural practices.

Family is a critical and important source for Filipino Americans. It is the primary source of emotional, financial and moral support and interdependence is common among the family members (Tompar-Tiu & Sustento-Seneriches, 1995). The value of *utang na loob* played a critical role in how participants interacted with the parents. For some participants like Kino, their sense of *utang na loob* was deferential toward their parents while Jed's *utang na loob* was more tension filled.

Expressions of Pakikisama in Social Circles

Like *utang na loob* there were positive and negative manifestations of pakikisama. This accommodative value, meaning "getting along with others" or "companionship", is meant to join give a sense of belonging and oneness to Filipinos. Cookie, a 20-year old second generation Filipina, felt a strong sense of belonging in high school with her church group, which brought together Filipino conservatism and Christian faith.

> I was like really surrounded by Asians and as a Filipino, I grew up in the church. I didn't grow up Catholic like most Filipinos do. I grew up Methodist but I grew up with a lot of Filipinos. Church wise, and even school wise I had a lot of Filipino friends inside and out. I chose A&M because of my god sister, who's

> also Filipino and she also grew up in the same church. So, my church definitely had a huge influence on me growing up and she just took me in and helped me [decided] toward A&M. I compared UT and A&M, those were my top two schools, and when I talked to my friend's brother who was in their FSA program at UT, it just didn't seem very family oriented. That's definitely why I chose A&M. Overall A&M is definitely oriented and also like, the people here, like the Asian community is definitely really close knit, you know? And so, I definitely wanted that kind of feel, and so that's one of the reasons why I chose A&M, just culture and just family and stuff like that. (personal communication, Cookie, April 25, 2016).

Cookie's sense of *pakikisama* and belonging in her home church was beneficial. Enlisting a fellow "big sister" in her church community demonstrated her comfort and familiarity with her group that resulted in deciding which college to attend. She knew that she could trust her home church group, and sought to find as close to a replica of the group in her college life as she could.

Pakikisama can also manifest itself in negative ways. For some participants, their church communities also supported their traditional Filipino cultural values. However, this was not true of all church-related friends. Peers were instrumental in the breakdown of *pakikisama* and in one case gave rise to the departure of a participant and her family from the group all together. For Jed, it was a peer affiliated with their Couples for Christ group that intentionally outed Jed's sexuality to her aunt, a close friend of Jed's mother, and subsequently instigated conflict between Jed and her parents.

> It was a social media post. So, this girl that I barely talked to when I was little…she's probably like four years older than me. So, I knew her brother because his age is closer to me. So, we would talk but not her. And she originally added me on social media. That being said, she's already settled, 24 years old, didn't really go to college because she got pregnant. She got divorced, right? So, knowing her background, my mom is friends with her aunt.
>
> So really close, so at the point where we would go to parties with her aunt. And so, I guess she was like boosting me [up]. So [her aunt] would call me by my

> name and be like "she's doing this, she's doing that." She's [the girl's aunt] telling this to her niece, right? She's like why don't you go back to school like [Jed]? And I guess whenever I accepted her social media follow, she saw pictures of my girlfriend.
>
> Nobody really knew, right, because I'm not out to my family yet so no one else knows within that organization. And [this girl] was like, "She's gay. Why does that even matter?" That's what the story my mom told me. And it makes sense because I kind of know how she is. And anyone who's been in her life would be very—what's the word—I don't know, like would say that because they don't want to hear that this other random person is doing good, who's younger than her and she's got her life together. She's going to say something out of spite. (personal communication, Jed, April 29, 2016)

Jed found it difficult to find the words to describe this peer's attitude towards herself and her aunt that captured the spitefulness felt. In the Filipino American literature, this type of reaction is called *talangka mentality* or crab mentality (Licuanan, 1994). While there is not a large body of literature that explores crab mentality's effect on Filipino life fully, the general definition is derived from crabs' propensity to pull each other down with their claws when another crab tries to escape. Instead of Filipinos being happy for each other and celebrating each other's accomplishments, crab mentality encourages Filipinos to bring each other down (Nadal, 2011). Crab mentality is part of a larger concept called *kanya-kanya syndrome* (Licuanan, 1994). As one of the negative Filipino characteristics, and a counter to *pakikisama, kanya-kanya syndrome* is described as a self-serving attitude that encourages envy and competitiveness toward other Filipino peers, especially those who have gained some sort of status (Licuanan, 1994).

Jed's experience with this peer is an example of what happens when *pakikisama* breaks down. With this peer outing her due to spite, Jed was forced to face the issue of her sexuality with her conservative Filipino parents. This was particularly uncomfortable for

Jed since she was not prepared to handle this confrontation. Even when confronted by her mother with evidence that suggested she was gay, Jed was still not ready to admit or talk to her parents about her sexuality.

> They screen-shot the social media photo and sent it to my mom. And then [the girl's] aunt wanted to be gossipy and asked my mom "Is your daughter's really gay?" And then my mom took me into a room, and she's like, "This is what's happening and I don't really appreciate it."
>
> I couldn't tell her. For some reason, it wasn't the time. Especially because it was summer and I didn't want to live through that. Then they took me again and she thought she got the photo. And she sat me down with me and my dad and she was like, "I'm not going to get mad, tell us the truth because we kind of already have evidence that we think that you are." They already knew then that was it so I told them. (personal communication, Jed, April 24, 2016).

Jed expressed feelings of anger and frustration because she was robbed of her choice to disclose a sensitive and integral part of her identity to her parents. To worsen the experience, her parents' reactions, especially her father's, made Jed feel even more isolated and alone. At the news of her coming out, Jed's father did not speak to her for two months. Adding to her frustrations, Jed's parents were not fully accepting of her sexuality once they were ready to talk about Jed's LGBT identity.

> [My mom] was very more accepting than I thought. I thought it would be the other way around because I'm a papa's girl so like I don't know. I just never thought of it that way. They say that they're praying that I'm going to change my mind. So, they're not fully accepting. They're just kind of like she said she was disappointed in me but I think that was because she was like not understanding my deal, right. I don't know. I don't like hearing those words come out of their mouth. But I mean it happened and I think I'd rather have that than both of my parents kick me out of the house or put me in some psych ward. (personal communication, Jed, April 29, 2016)

After defending Jed against what was perceived initially as a rumor, Jed's parents slowly faded from their Couples for Christ community and their withdrawal from their

Catholic community was an attempt to save face and avoid embarrassment. Eventually Jed did the same, but her withdrawal was more due to changes and realizations she was having at a spiritual and religious level.

Hiya and the Illusion of Conflict Avoidance

Western conceptualizations of *hiya* have often reduced the value to mean "shame" and reduced to a feeling or emotion. When used properly in a culture-centered context, *hiya* is a behavioral value that stresses propriety and decorum. It is this sense of *hiya* that makes it seem like a Filipino might be avoiding conflict with another person. However, it is an act of sensitivity toward the other person and their feelings. Two sisters, Jessica (22 years old) and Nadine (20 years old) were the most recent immigrants to the U.S., resettling here in 2009. Nadine recalled a situation, which exemplified *hiya*, in which she modified her behavior to avoid conflict. She spoke about how she had a problem with one of Jessica's ex boyfriends. Instead of confronting her sister about it, she avoided the situation completely until their parents noticed a change in her behavior.

> I had problems with her boyfriend. […] I had problems with him. So, whenever he comes here [to their house], I usually wouldn't come out of my room. And so, my parents noticed that I'm behaving that way. So, my dad would always come to us. He would always gather us. And he would talk about why I feel that way. Yes, so that's kind of like how they would help me. They just notice that I'm acting different when he's around. (personal communication, Nadine, April 28, 2016)

Nadine waited for another person to take initiative to mediate the conflict between her, Jessica, and Jessica's boyfriend. She relied on a more knowledgeable other party, in this case her father, to maintain dignity within the family, and to enforce decorum between the two sisters.

The values of *Sikolohiyang Pilipino* are relational. The shared identity of *kapwa* is especially felt when both parties are aware and sensitive to the everyday accommodative surface values of *utang na loob, hiya, and pakikisama.* For second generation Filipino Americans like Jed and Cookie who were raised in the U.S., these unspoken values were much more difficult to navigate than it was for Jessica, Nadine, and Kino, who grew up for more years in the Filipino culture.

Culture in Faith

In agreement with what Cherry (2013) reported in his ethnography about Filipinos, community, and faith in Houston, maintaining a Christian faith and Filipino culture are complexly linked together. Regardless of whether the participant was Catholic or Methodist, the two Christian denominations reported among participants, prayer was a pivotal part of their help-seeking behaviors. The larger concepts surrounding prayer were faith and spirituality, which participants used interchangeably.

Utang na loob and the Modeling of Christian Faith

There was no greater demonstration of *utang na loob* in the participants than when it came to modeled behaviors surrounding prayer. Several participants' mothers modeled devotion to their faith through prayer. Several participants reported their mothers modeled Christian devotion and prayer, which influenced participants' lives and their help-seeking. One example of this came from Angela, who remembered how her mother's faith helped in the formation of her own. She recalls with a sense of gratitude her mother's example in instilling the importance of Christian faith and prayer, which she then relied upon in her times of need.

> My mom is a very spiritual person. So, we were going through some tough times when we first in the early move of us in the States. And she gets really emotional talking about it. She always says that she had the church to go. She always prayed that things would get better for us like financially it will get better for us. It helped me. So, I would never ever turn my back against it. (personal communication, Angela, May 4, 2016)

Pakikisama through Church Membership

As mentioned earlier, several participants indicated varying degrees of involvement in their church homes. For Jed, her involvement eventually ended, for Cookie, her church home was a source of comfort for her so much so that she attempted to look for a surrogate in college. For Nadine and Jessica, their church involvement was a source of pride and helped them establish a new sense of home. As they were transitioning to living in Texas, Jessica remembered the difficulties of moving and renting an apartment and their church coming to their aid.

> We had to move because the apartment was increasing our rent. Good thing my parents [were involved] at church. [Some church members] offered the house for like so much cheaper to help us get by. And then we finally moved here and we started like furnishing stuff. And we're like, "Oh, well I appreciate it more now that we've been through all those things. (personal communication, Jessica, April 28, 2016)

Nadine and Jessica also explained that their church family were the people they would go to for help. In Filipino culture, the terms “ate” (older sister) and “kuya” (older brother) are used to identify older brothers and sisters. Jessica and Nadine would often enlist the help of these ates and kuyas as extended family members when dealing with school difficulties and as prayer support (personal communication, Jessica, April 28, 2016).

The Power of Hiya and the Personification of Faith

Angela, a 19-year-old, community college student recalled a memory that personified her faith and was a powerful example of *hiya*. Of all the participants, she was the only one who reported being in such severe emotional and mental distress that she attempted suicide twice. Angela is a first-generation Filipina American who immigrated with her family when she was 6 years old and was raised in the U.S. Tension in her relationship with her parents left her feeling disconnected from them, hopeless and with no recourse but to end her own life. In both her suicide attempts she recalled crying out to God and receiving an immediate answer.

> I was like, "Lord, please, just take the wheel. I don't know what to do anymore." Or like, "My mom is like just bugging me like please, Lord." And even when I have those dark days with trying to attempt suicide and stuff like I have felt a physical hand. And I always think it's my grandparents like my *lolo* and *lola*. I felt them when I was trying to OD on pills. I felt a hand like this [*puts her hand on my forearm*]. I was like, "Oh my god, what the heck is that?" And then I was just like I put them [the pills] down. (personal communication, Angela, May 4, 2016).

Angela's faith and sense of *hiya* was personified in the supernatural feeling of her deceased grandparents stopping her from taking her own life. It would have gone against her beliefs coming from her devout Catholic family to end her life. Along with her unspoken understanding of Filipino propriety, her Christian faith imparted upon her by her mother helped to save her life.

Consistently prayer and reliance on Christian faith was the top answer for participants when asked about their top help-seeking behaviors. The heavy reliance on Christian faith is indicative of traditional Filipino values because of the heavy influence of Catholicism and the historical context of Christianity in the Philippines. The blend of

Christian faith and the concept of unity under the body of Christ complements the values of *utang na loob, pakikisama,* and *hiya* and reinforces the value of *kapwa*, a shared identity with others.

Self-Reliance and the Clash with Culture

As much as participants spoke about the importance of their family, friends, and faith when going through difficult situations, there was an underlying theme of self-reliance that ran counter to what they said was important. In some cases, their self-reliance added stress to the already complex relationship between maintaining *kapwa* and their own unique American identities.

Maintaining Utang na Loob in Crisis

What happens to *utang na loob* in a time of crisis for a Filipino American? Isabelle, the oldest participant at age 30, was the only participant who was married with children. She immigrated to the U.S. when she was 6 years old. At the age of 16 she became pregnant with her first child. In Filipino culture, where sex is a taboo subject, this was a crisis. She was also a participant who named self-reliance as her top help-seeking behavior.

> I was like 5 months pregnant when I told my parents. […] I told my boyfriend at the time, and then I told my best friend. And then I would cry all the time like, "What did I do?" And of course with hormones, I was emotional. My grandparents…were living with us at that time. And I couldn't tell them. I was so scared. I was deathly afraid to tell my parents.
>
> And so, I looked up schools. I looked up home schools. And I found jobs, part-time jobs. And I was determined to find a solution before I could tell them. Either, "Okay. Here are some jobs that I can go apply for. Here are some schools of alternative schooling." I think I started working before I told them just so I could save money. I was like in case they kick me out I'm saving money. I think I had

> like $500 in savings when I finally told them. (personal communication, Isabelle, May 2, 2016)

Isabelle felt the need to handle her pregnancy by herself before letting her parents know. She tried to come up with solutions and alternatives not necessarily as future planning, but to make her case if her parents perceived her pregnancy as an affront to *utang na loob.* The collective nature of Filipino culture perceives successes and failures as representative of the whole family. An event such as teen pregnancy would be seen as a mark of disgrace that is reflected upon the entire family. In particular for parents, a teen pregnancy would be seen as an insult to their dignity (Triandis, 1989). Therefore, in an attempt to maintain *utang na loob*, Isabelle sought to find solutions to present to her parents before disclosing her first pregnancy to them.

The Breakdown of Pakikisama and the Motivation to be Self-Reliant

While Isabelle was pregnant with her first child she experienced a fallout with her relationships with other Filipino American families. Friends she was once close to suddenly turned their backs on her in her time of need, which reinforced her self-reliance.

> I remember some of my Filipino friends weren't allowed to talk to me. Filipino and Asian friends weren't allowed to talk to me just because their parents were strict and [said] "Isabelle got mixed up with the wrong crowd. She's a bad influence."
>
> And it really hurt me because I saw these parents like other parental figures as *titas* (aunts) and *titos* (uncles). I was like "I go over to y'alls houses and y'all feed me and y'all give me presents".
>
> And now you're saying that just because this thing happened to me like you're going to shun me? And so that really hurt me. I mean, of course, my friends were like, "Well, don't listen to my parents. I'm always going to be there for you." But

> it still hurt me as far as like, "You're an adult. I thought you would at least not shun me. I mean, yeah, I get it. You don't support this, but at the same time, don't turn your back."
>
> And then whenever they saw me at church with my parents or whatever, they'd smile. But I was like, "You're being fake. You told your kid not to hang out with me." I used it as a fuel to just be better. (personal communication, Isabelle, May 2, 2016)

Where in the case of Jed and her family eventually leaving their group, Isabelle's group turned their backs on her. Her pregnancy was not esteemed within her niche of the Filipino American community. Even though she thought she could trust her extended family and friends, after they removed her from the group it was immediate her family that was there to support her through her pregnancy, which she did not expect (personal communication, Isabelle, May 2, 2016).

Hiya and Trying to Find the "Right Time"

Continuing with Isabelle's story, her first pregnancy did little in the way of easing the communication tensions between her and her parents. When she was 18 Isabelle was pregnant with her second child. Yet, even with the precedence of her first pregnancy, she still found it difficult to find the right time to tell her parents she was expecting. Her sense of *hiya* and her previous experiences in her first pregnancy left Isabelle feelings like being pregnant a second time at such a young age was not proper. So again, she struggled with telling her parents but eventually Isabelle found a way to disclose the information to her mother.

> I mean when I went to them when I was pregnant with my second daughter, I was 9 months pregnant and I look like maybe I was 5. […] So, I didn't tell them until like before I was about to have a C-section. […] And by the time I said something, I couldn't even tell them face-to-face. I wrote my mom a letter and I stuck it in her jacket pocket right before she went to work. And she read it at

> work. And then later on at night, it was like nothing. She acted like it was nothing. And then later on, she was like, "I saw your letter, and okay." (personal communication, Isabelle, May 2, 2016)

Isabelle struggled a lot with balancing Filipino culture and her pregnancies. Even though her family and her husband were there to support and help her, Isabelle still felt like she needed to figure things out on her own in order to maintain the dignity of her family (*hiya)* and to not rock the boat given the seriousness of being pregnant at a young age (*utang na loob*), while her family eventually learned to embrace her situation and re-establish *pakikisama.*

Discussion

Sikolohiyang Pilipino Framework

All their efforts and struggles with maintaining the accommodative values of *utang na loob, pakikisama,* and *hiya* were directly related to their sense of *kapwa,* that shared identity participants felt with their families and inner circles. Even though some participants were born in the United States, or moved to the U.S. when they were young and were raised here, it did not preclude their participation in Filipino culture. Cookie, for example considered herself to be more American than Filipino because she was born in the U.S. and did not understand Tagalog (one of the national languages of the Philippines, also known as Filipino). But she continued to seek the same level of *pakikisama* in college that she had at home. Jed, also second-generation Filipina, struggled with her gay identity because it was not *hiya,* or in line with what was considered "proper". She perceived that being gay would not be seen as appreciative of her parents' sacrifices and support.

Utang na loob was also significant for participants. For first generation participants who immigrated when they were young and second-generation participants, it was difficult to balance utang na loob with their Americanized identities. Where *utang na loob* asks for deference and obedience, for some participants it turned into fear and sometimes isolation. The first-generation participants who immigrated when they were 6 years old struggled the most with *kapwa* and the accommodative surface values. Both Angela and Isabelle had a difficult time managing their romantic relationships and the stresses those relationships brought on their family. For Angela, the stresses and the isolation became so unbearable that she tried to end her life on multiple occasions. For Isabelle, her pregnancies pushed her toward self-reliance almost to the point of isolation. Both ladies faced significant situations in which receiving professional help would have been warranted. But neither of them considered their situations "serious enough" to talk to a psychologist or psychiatrist. Angela perceived "serious" as being physically abused, not realizing that the mental and emotional stress she was under, her suicide ideation and her attempts were, in fact, serious. Isabelle's perception of serious surrounded her worry of being labeled "crazy" and the fear of being perceived as weak, since she thought her situation wasn't any different than what other people would go through.

It should be noted that not every participant in this study experienced some sort of hardship or issue that contributed to a mental health problem. One of the contributing factors to mental health problems was the participants' ability to handle stress. While it is concerning that some of this study's participants had difficulties handling stress and exhibited a wide range of mental health problems, not everyone who was interviewed

experienced such. Kino's story serves as a counter narrative to the other stories told in this study. While he, like other participants, immigrated to the United States when he was young, he did not seem to have any significant events that could have increased his stress beyond the point of his control. Kino was surprisingly optimistic and open about sharing his life experiences and experiences with others who may have had mental health problems. Nadine and Jessica also shared a similar sentiment of not having negative mental health experiences. What binds these three counter narratives together is the age at which Kino, Jessica, and Nadine immigrated to the United States. These three participants immigrated at much older ages than the rest of the first-generation participants, between the ages of 12 and 15. Their grasp of Filipino values was much stronger and closer to their parents' pace of acculturation to American society that the acculturation gap between generations was much smaller than the participants who immigrated at younger ages. Interestingly, Kino, Jessica, and Nadine also show signs of the "immigrant paradox", which hypothesizes that close cultural connection is a protective factor against negative health outcomes (Alegría et al., 2008; Lau et al., 2013).

Hiya was a concept that was common throughout participants' stories. There was always a subconscious motivation to maintain parents' *hiya.*, whether participants refrained from admitting they were having a serious problem to having to admit doing something they thought their parents would find "dishonorable". *Hiya* was always present but never explicitly named, and motivated participants to be self-reliant or suppress their problems all to maintain family harmony. For several participants, to

maintain the hiya of their parents, they felt it was necessary to first find solutions to present alongside the new they perceived as "bad" (e.g. teen pregnancy, LGBT status, bad grades, etc.).

Above and beyond, the participants in this study relied heavily on the lay system as their guide and support through stressful and traumatic issues that have come up in their lives. Family, friends, and prayer were the top three resources participants cited as their "go-to" resources for help. Talking with friends and family was a positive way that participants dealt with problems and maintained family or community harmony. However, mental health issues or more serious problems were often not the topics of conversation. Even when faced with significant mental health issues, such as anxiety, depression, and suicide ideation, all participants in this study viewed professional help as a last resort.

Christian faith was also a significant part of participants' help-seeking behaviors. In line with Cherry's (2014) findings, conservative Filipino values and faith were deeply rooted together. Prayer, regardless of Christian denomination was consistently one of the top three help-seeking behaviors across participants.

The acculturation gap-distress model suggests that immigrant children adapt more quickly to their host culture than their parents do (Lee et al., 2000; Lau et al, 2005; Tezler, 2011). Because parents reach maturity in their home cultures and children are socialized in the new host culture, members of the same family live in two separate cultural worlds, leading to increased family conflict, problematic youth behaviors, and poor adjustment (Sluzki, 1979; Ying & Han, 2007; Telzer, 2010; Coll & Magnuson,

2014). This was demonstrated in the conflict that arose between several participants and their parents. Filipinos, like many Asian and African cultures, regard family as the center of their lives (Espiritu, 1995; Tompar-Tiu & Sustento-Seneriches, 1995; Ying & Han, 2007; David, 2010). Children are supposed to adhere to *utang na loob* and show a lifelong deference for elders and respect family hierarchies (Tompar-Tiu & Sustento-Seneriches, 1995; Wolf, 1997; Nadal, 2013). Individuals are discouraged from expressing emotions, especially if they disagree with another, and to forego their own desires for the greater good or in the interest of family harmony (Agbayani-Siewert, 1994; Tompar-Tiu & Sustento-Seneriches, 1995; Wolf, 1997). On the other hand, American culture focuses more on the individual, encourages adolescents to pursue their own interests, and to eventually become independent from their families. These competing values lead to intergenerational conflict between children and parents, especially when children are predominantly being socialized in American schools and peer groups, with smaller Filipino family and social circles (Tompar-Tiu & Sustento-Seneriches, 1995).

This study has explored and demonstrated the power of culture in how situations are perceived and how it can influence behaviors, whether knowingly or unknowingly. For first generation participants who immigrated at 6 years old and second-generation participants, the maintenance of *kapwa* was more subconscious and confusing. For older first-generation participants, maintaining *kapwa* was easier due to having similar acculturation levels with their parents.

Limitations

Participants were only interviewed once with intermittent correspondence for the duration of the study, while the researcher was also Filipino, only one meeting is not enough to fully understand each participant's life stories and the unique contexts of each story. Most of the participants were female. Male participants might have had different experiences with *kapwa* and help-seeking behaviors. Further, the participants are all college educated. Their help-seeking behaviors may be starkly different than those who have not gone to college or have more advanced degrees. All the data gathered for this study relied upon telling stories, which is only one manner of qualitative data collection (Clandinin, 2013). Each of the stories told by participants was deeply personal and situated within a different context. While there were commonalities between stories, a greater understanding of participants' life experiences and help-seeking behaviors could be possible if additional time was spent *alongside* each participant *within* each context (Clandinin & Connelly, 2000). These findings are based on a small group of first and second generation Filipino Americans. The depth of cultural influence might be different for 3rd, 4th, or 5th generations.

Implications for youth development research and practice

Despite these limitations there are opportunities that arise from the results of this study. Especially in states with large and growing Filipino populations, it is critical for youth practitioners to understand how Filipino culture (as with many other cultures) is

salient and impactful, despite how Americanized or acculturated a young person may seem.

Triandis (1989) described the differences between tight and loose cultures and how the perception and display of the self is different. In loose cultures, like American culture, the individual can choose which self to present, with no distinction between the public and private self. However, for more collectivistic and tighter cultures, an individual's public actions should be "proper" and the private self is not given much warrant (Triandis, 1989). Filipino culture, is a collectivistic culture, which focuses on propriety and presentation in social spaces. The inner self, and thus the need to seek help may be neglected and seen as not as important than presenting a version of self that is more put together. For research, the study of the *kapwa's* accommodative values has been the most popular in recent years. Research on the confrontational surface values of *bahala na* (determination), *sama/lakas ng loob* (resentment/guts), and *pakikibaka* (resistance) to complement this study and complete the picture of behavior centered around Filipino culture.

Youth practitioners would benefit from this future research. Instead of relying on assumptions about Filipino Americans, practitioners have the opportunity to deeply understand how to navigate relationships with Filipino American youth. Youth practitioners should be mindful of collectivist cultures like Filipino culture and be consistent and intentional with developing relationships with Filipino American youth. Developing relationships in which a Filipino American young person is comfortable in

disclosing mental health problems will take time, effort, and knowledge of cultural practices.

CHAPTER V

CONCLUSIONS

The purpose of this study was to understand how culture affects mental health and the associated processes in help-seeking behaviors. Findings from both quantitative and qualitative studies provide valuable insights to how culture is operationalized in behavior. The three research questions this study sought to answer were:

1. What does the current research say about the state of Filipino American mental health?
2. What kind of effect does culture and acculturation have on who Filipino Americans seek help from?
3. How does Filipino culture manifest itself in the help-seeking behaviors of Filipino American emerging adults?

The first study sought to answer the question, what is the current state of Filipino American mental health? Findings suggest that Filipino Americans struggle with depression, but little research has been done on other mental health issues. There was evidence of reliance on outdated datasets (older than 20 years) that is not congruent with the exponential growth of the Filipino American population. Findings also show that much attention is focused on individual level behaviors, with little regard to how collective Filipino culture is and an overall lack of theory across articles. The lack of theory is troubling in that replication of studies and the testing of theory is difficult without a theoretical underpinning.

The second study applied a Filipino-centered theory, *Sikolohiyang Pilipino* to measure the effects of acculturation and *kapwa,* measured through emotional support, on Filipino Americans seeking help from 1) friends and family, 2) priests or ministers, 3) primary care providers, and 4) mental health professionals. Results indicated that increased levels of emotional support from family and friends was beneficial for participants in seeking help from family and friends and primary care providers but not priests or ministers or mental health professionals. The acculturation variables of location and nativity seemed to be the strongest acculturation variables associated with help-seeking as well. Findings suggest Filipino Americans born in the U.S. are more likely to seek help from friends and family and mental health specialists. Where individuals lived, in this case the larger city of San Francisco, was associated with increased likelihood of seeking help from family and friends, priests or ministers, and mental health specialists. Interpretations of these results suggest that place is important to the mental health wellness of Filipino Americans.

The final study sought to answer, how does Filipino culture manifest itself in the help-seeking behaviors of Filipino American emerging adults? The results of this study indicate that adherence to Filipino cultural values as laid out in Enriquez's theory of *Sikolohiyang Pilipino*, is automatic and subconscious. There were differences in severity of distress between first generation immigrant participants who immigrated under 10 years of age vs. first generation immigrant participants who immigrated over 10 years of age, vs. second generation Filipino Americans who were born in the United States. First generation participants who immigrated under 10 years of age had the most difficulty

with maintaining a Filipino cultural identity and an American identity. Second generation participants identified as the most "American". They, too, struggled with Filipino values, but were unaware that their actions were culturally bound. Finally, first generation participants who immigrated to the U.S. when they were older (12 years old and older in this study) were more aware of their Filipino identity and did not seem to have as difficulty a time in maintaining Filipino cultural values. Additionally, the severity of distress in this study ranged from severe (first generation, less than 10 years) suicide ideation and attempt, severe-moderate (second generation)—depression, anxiety, isolation, to mild (first generation, over 10 years)—social discomforts. These findings suggest that acculturation at the first and second generations have deleterious effects on the mental health of Filipino Americans. This gives further credence to acculturation-gap theory, which theorizes decreased conflict between parents and children who acculturate at the same levels. Particular to this study, participants who were older when they immigrated to the U.S. seemed to be acculturating at the same level as their parents, thus less incidence of distress.

Research Reflexivity

The multi-method approach used in this study and membership in the Filipino American community placed the researcher within the context of this study. This gave warrant to the consistent and conscious navigation of several issues surrounding mental health, help-seeking, culture, and relationships with family members of the researcher. It should be recognized that the impact of such issues has affected the overall quality and interpretations of the data.

First, the driving force behind the topic of study for this research was the suicide of the PIs younger and only sister. The nature of the qualitative study may have stemmed from the PIs own need to understand contributing factors, especially cultural ones. Throughout the course of this study, other family members struggled with identifying and accepting help for their mental health issues. Therefore, interpretations of data were culturally constructed with participants and considered similar ongoing issues within the PI's family.

Special effort was made to maintain relationships with participants after interviews were conducted. To capture values such as *kapwa*, it is imperative to establish *kapwa* with participants. During the transcription, analysis, writing, and editing processes, participants were contacted to help maintain the integrity and co-creation of their stories. Participants acted as story tellers and editors.

To guard against bias, the PI must be able to flow between being submerged in the context of the study and being separated from the data. To achieve this, the PI limited personal information and suggestions during each interview, instead allowing the participant to work through their stories and their conceptualizations of mental health and help-seeking. The PI also sent analyses out to third party reviewers (a psychiatrist and an epidemiologist) in addition to the participants to check the credibility and confirmability of the findings.

These actions and several other activities facilitated the collection of rich data that hopefully captures the importance of culture in help-seeking behaviors.

Future Research Agenda

The findings of this study suggest several opportunities for future research. The first study's findings suggest research into mental health issues other than depression is needed. In order for care to be accurate, there needs to be a greater understanding of what other mental health issues Filipino Americans face. The findings of the second study present the opportunity to college more updated data regarding the mental health and helping seeking behavior of Filipino Americans. The outdated data sets, while rich, do not accurately portray the current Filipino American population. Increased Filipino American populations in other areas are an opportunity to study the impact of place on help-seeking behaviors. Future research regarding sense of place among Filipino Americans would be beneficial for Filipino American's sense of belonging, and may help soften the cultural barriers related to service use. Finally, the use of *Sikolohiyang Pilipino* as a theory provides the next steps in understanding how culture is operationalized in behaviors. The accommodative surface values of *utang na loob, hiya,* and *pakikisama* are just the tip of the iceberg. The study of the confrontational values of *bahala na* (determination), *sama/lakas ng loob* (resentment/guts), and *pakikibaka* (resistance) will complement this study and provide a clearer picture of the impact of culture on help-seeking. Further, an in depth look at the value of *pakikipagkapwa* and the different levels of relationships that constitute it would help practitioners across disciplines more effectively develop deep relationships with Filipino Americans, which could promote the importance and ease of help-seeking.

Parting Thoughts

The study of culture and its impacts is complex and cannot be fully realized in the course of one study. The findings presented here provide just another piece of the puzzle that would hopefully aid other researchers in determining the next piece and the bigger picture. Additionally, this information is meant to give practitioners a little more clarity on the way culture may operate in the face of distress or need. Being culturally sensitive, while demanding, only serves to increase the overall well-being of the nation's population.

REFERENCES

Abe-Kim, J., Gong, F., & Takeuchi, D. (2004). Religiosity, spirituality, and help-seeking among Filipino Americans: Religious clergy or mental health professionals? *Journal of Community Psychology, 32*(6), 675-689. doi:10.1002/jcop.20026

Abbott, R. A., & Baun, W. B. (2015). The Multi-Dimensions of Wellness: The Vital Role of Terms and Meanings. *Am J Health Promot, 29*(5), TAHP8-10.

Aczon-Armstrong, M., Inouye, J., & Reyes-Salvail, F. (2013). Depression and Chronic Illness: Asian/Pacific Islander Adults in Hawaii. *Issues in Mental Health Nursing, 34*(3), 169-179. doi:10.3109/01612840.2012.738356

Adams, T., Bezner, J., & Steinhardt, M. (1997). The conceptualization and measurement of perceived wellness: integrating balance across and within dimensions. *Am J Health Promot, 11*(3), 208-218.

Adams, T. B., Bezner, J. R., Drabbs, M. E., Zambarano, R. J., & Steinhardt, M. A. (2000). Conceptualization and measurement of the spiritual and psychological dimensions of wellness in a college population. *J Am Coll Health, 48*(4), 165-173. doi:10.1080/07448480009595692

Agbayani-Siewert, P. (1994). Filipino American culture and family: Guidelines for practitioners. Families in Society, 75(7), 429.

Ai, A., Appel, H., & Nicdao, E. (2016). Differential Associations of Religious Involvement with the Mental Health of Asian-American Subgroups: A Cultural

Perspective. *Journal of Religion & Health, 55*(6), 2113-2130. doi:10.1007/s10943-016-0257-0

Alcedo, P. (2007). Sacred camp: Transgendering faith in a Philippine festival. Journal of Southeast Asian Studies, 38(1), 107-132.

Alegría, M., Canino, G., Shrout, P. E., Woo, M., Duan, N., Vila, D., ... & Meng, X. L. (2008). Prevalence of mental illness in immigrant

Anney, V. N. (2014). Ensuring the quality of the findings of qualitative research: looking at Trustworthiness Criteria.

Appel, H. B., Huang, B., Ai, A. L., & Lin, C. J. (2011). Physical, Behavioral, and Mental Health Issues in Asian American Women: Results from the National Latino Asian American Study. *Journal of Women's Health (15409996), 20*(11), 1703-1711. doi:10.1089/jwh.2010.2726

Arkoff, A., Thaver, F. & Elkind, L. (1966). Mental Health and Counseling Ideas of Asian and American Students. *Journal of Counseling Psychology, 13*(2), 219-223.

Atkinson, D. R., & Gim, R. H. (1989). Asian-American cultural identity and attitudes toward mental health services. *Journal of Counseling Psychology*, *36*(2), 209.

Barreto, R. M., & Segal, S. P. (2005). Use of mental health services by Asian Americans. *Psychiatric Services, 56*(6), 746-748.

Blanco, C., Okuda, M., Wright, C., Hasin, D. S., Grant, B. F., Liu, S. M., & Olfson, M. (2008). Mental health of college students and their non–college-attending peers: results from the national epidemiologic study on alcohol and related conditions. Archives of general psychiatry, 65(12), 1429-1437.

Centers for Disease Control and Prevention (2017). Violence Prevention: National Suicide Statistics. Retrieved from https://www.cdc.gov/violenceprevention/suicide/statistics/index.html

Chae, D. H., Gavin, A. R., & Takeuchi, D. T. (2006). Smoking prevalence among asian americans: findings from the National Latino and Asian American Study (NLAAS). *Public health reports*, *121*(6), 755-763.

Chang, M., & Moon, A. (2016). Correlates and Predictors of Psychological Distress Among Older Asian Immigrants in California. *Journal of Gerontological Social Work, 59*(2), 77-97. doi:10.1080/01634372.2016.1140694

Chao, R., & Tseng, V. (2002). Parenting of asians. *Handbook of parenting*, *4*, 59-93.

Chen, X., Unger, J. B., Cruz, T. B., & Johnson, C. A. (1999). Smoking patterns of Asian-American youth in California and their relationship with acculturation. *Journal of Adolescent Health*, *24*(5), 321-328.

Cheng, H. L., McDermott, R. C., & Lopez, F. G. (2015). Mental Health, Self-Stigma, and Help-Seeking Intentions Among Emerging Adults An Attachment Perspective. The Counseling Psychologist, 0011000014568

Cherry, S. M. (2014). Faith, Family, and Filipino American Community Life. Rutgers University Press.

Child Trends. (2014). Adolescent Health Highlight: Mental Health Disorders. Retrieved from https://www.childtrends.org/publications/mental-health-disorders/

Choi, Y. (2008). Diversity within: Subgroup differences of youth problem behaviors among Asian Pacific Islander American adolescents. *Journal of Community Psychology*, *36*(3), 352-370.

Chung, P. J., Travis, R., Kilpatrick, S. D., Elliott, M. N., Lui, C., Khandwala, S. B., ... & Schuster, M. A. (2007). Acculturation and parent-adolescent communication about sex in Filipino-American families: a community-based participatory research study. Journal of Adolescent Health, 40(6), 543-550.

Clandinin, D. J., & Connelly, F. M. (2000). Narrative inquiry: Experience and story in qualitative research.

Creswell, J. W. (2013). Research design: Qualitative, quantitative, and mixed methods approaches. Sage publications.

Coll, C. G., & Magnuson, K. (2014). The psychological experience of immigration: A developmental perspective. The New Immigrant and the American Family: Interdisciplinary Perspectives on the New Immigration, 4, 69.

Commission on Filipinos Overseas, Office of the President of the Philippines (2013). Statistical profile of registered Filipino emigrants. Retrieved from: http://www.cfo.gov.ph/downloads/statistics/statistical-profile-of-registered-filipino-emigrants.html

David, E. J. R., & Okazaki, S. (2006). Colonial mentality: A review and recommendation for Filipino American psychology. Cultural Diversity and Ethnic Minority Psychology, 12(1), 1.

David, E. J. (2008). A colonial mentality model of depression for Filipino Americans. *Cultural Diversity & Ethnic Minority Psychology, 14*(2), 118-127. doi:10.1037/1099-9809.14.2.118

David, E. J. R. (2010). Testing the validity of the colonial mentality implicit association test and the interactive effects of covert and overt colonial mentality on Filipino American mental health. *Asian American Journal of Psychology, 1*(1), 31-45. doi:10.1037/a0018820

David, E. J. R. (2013). *Brown skin, white minds: Filipino-/American postcolonial psychology*. Charlotte, NC: Information Age Publishing.

David, E. J. R., & Nadal, K. L. (2013). The colonial context of Filipino American immigrants' psychological experiences. *Cultural Diversity & Ethnic Minority Psychology, 19*(3), 298-309. doi:10.1037/a0032903

David, E.J.R. (2016, April 6). Why are Filipino Americans still forgotten and invisible?: The perplexing case of marginalization of Filipino Americans. *Psychology Today*.

De Guia, K. (2005). Kapwa: The self in the other. *Pasig City: Anvil*.

Duldulao, A. A., Takeuchi, D. T., & Hong, S. (2009). Correlates of suicidal behaviors among Asian Americans. *Archives of Suicide Research*, *13*(3), 277-290.

Edman, J. L., Danko, G.P., Andrade, N., McArdle, J.J., Foster, J. & Gilpa, J. (1999). Factor Structure of the CES-D (Center for Epidemiologic Studies Depression Scale) among Filipino-American Adolescents. *Social Psychiatry & Psychiatric Epidemiology, 34*, 211-215.

Edman, J. L. J., R.C. (1999). Filipino American and Caucasian American Beliefs about the Causes and Treatment of Mental Health Problems. *Cultural Diversity & Ethnic Minority Psychology, 5*(4), 380-386.

Enriquez, V. (1992). From colonial to liberation psychology: The Philippine experience.

Filipino Community Health Initiative of Chicago. (2010). Community health needs and resource assessment: An exploratory study of Filipino Americans in the New York Metropolitan Area. Retrieved from http://www.fachic.org/about-us/fachic-research

Flores, N., Supan, J., Kreutzer, C.B., Samson, A., Coffey, D.M. & Javier, J.R. (2015). Prevention of Filipino Youth Behavioral Health Disparities: Identifying Barriers and Facilitators to Participating in "Incredible Years," an Evidence-Baesd Parenting Intervention, Los Angeles, California, 2012. *Preventing Chronic Disease, 12*. doi:10.5888/

Garcia, K. M., & Goodson, P. *The impact of college students' life experiences on the various dimensions of wellness : a qualitative study*.

Gee, G. C., Chen, J., Spencer, M. S., See, S., Kuester, O. A., Tran, D., & Takeuchi, D. (2006). Social support as a buffer for perceived unfair treatment among Filipino Americans: differences between San Francisco and Honolulu. *American Journal of Public Health, 96*(4), 677-684. doi:10.2105/AJPH.2004.060442

Gee, G. C., Delva, J., & Takeuchi, D. T. (2007). Relationships between self-reported unfair treatment and prescription medication use, illicit drug use, and alcohol dependence among Filipino Americans. *American journal of public health*, *97*(5), 933-940.

Goebert, D., Else, I., Matsu, C., Chung-Do, J., & Chang, J. Y. (2011). The impact of cyberbullying on substance use and mental health in a multiethnic sample. *Maternal Child Health J, 15*(8), 1282-1286. doi:10.1007/s10995-010-0672-x

Gong, F., Gage, S.L. & Tacata Jr., L.A. (2003). Helpseeking Behavior among Filipino Americans: A Cultural Analysis of Face and Language. *Journal of Community Psychology, 31*(5), 469-488. doi:0.1002/jcop.10063

Gonzales, G., Ramos-Sánchez, L., Tran, K., & Roeder, B. (2006). The relationship between masculinity, Asian values, acculturation, and depression of Filipino-American men. *Family Therapy: The Journal of the California Graduate School of Family Psychology*, *33*(3).

Gonzalez, H. M., Tarraf, W., West, B.T., Chan, D., Miranda, P.Y. & Leong, F.T. (2010). Antidepressant Use among Asians in the United States. *Depression & Anxiety (1091-4269), 27*, 46-55. doi:0.1002/da.20636

Goyal, D., Wang, E.J., Shen, J., Wong, E.C., & Palaniappan, L.P. (2012). Clinically Identified Postpartum Depression in Asian American Mothers. *Journal of Obstetric, Gynecologic & Neonatal Nursing, 41*(3), 408-416.

Greenberger, E., & Chen, C. (1996). Perceived family relationships and depressed mood in early and late adolescence: A comparison of European and Asian Americans. *Developmental Psychology*, *32*(4), 707.

Gupta, A., Kumar, A., & Stewart, D. E. (2002). Cervical cancer screening among South Asian women in Canada: the role of education and acculturation. *Health care for women international*, *23*(2), 123-134.

Hechanova, M. R. M., Tuliao, A. P., Teh, L. A., Alianan Jr, A. S., & Acosta, A. (2013). Problem severity, technology adoption, and intent to seek online counseling among overseas Filipino workers. Cyberpsychology, Behavior, and Social Networking, 16(8), 613-617.

Hindin, M. J., & Gultiano, S. (2006). Associations between witnessing parental domestic violence and experiencing depressive symptoms in Filipino adolescents. *American Journal of Public Health, 96*(4), 660-663. doi:10.2105/AJPH.2005.069625

Ho, D. Y. F. (1993). Relational orientation in Asian social psychology.

Hogan, M. F. (2003). New Freedom Commission report: The president's New Freedom Commission: recommendations to transform mental health care in America. *Psychiatric Services*, *54*(11), 1467-1474.

Hojat, M. H., M.W. (1985). Adjustment and Psychological Problems of Iranian and Filipino Physicians in the U.S. *Journal of Clinical Psychology, 41*(1), 130-136.

Hudson, D. L., Karter, A.J., Fernandez, A., Parker, M., Adams, A.S., Schillinger, D., Moffet, H.H., Zhou, J. & Adler, N.E. (2013). Differences in the Clinical Recognition of Depression in Diabetes Patients: The Diabetes Study of Northern California (DISTANCE). *The American Journal of Managed Care, 19*(5), 344-352.

Javier, J. R., Supan, J., Lansang, A., Beyer, W., Kubicek, K., & Palinkas, L. A. (2014). Preventing Filipino Mental Health Disparities: Perspectives from Adolescents, Caregivers, Providers, and Advocates. *Asian Am J Psychol, 5*(4), 316-324. doi:10.1037/a0036479

Kim, G., Chiriboga, D. A., Bryant, A., Huang, C.-H., Crowther, M., & Ma, G. X. (2012). Self-rated mental health among Asian American adults: Association with psychiatric disorders. *Asian American Journal of Psychology, 3*(1), 44-52. doi:10.1037/a0024318

Kim, G., Chiriboga, D. A., Jang, Y., Lee, S., Huang, C. H., & Parmelee, P. (2010). Health status of older Asian Americans in California. *J Am Geriatr Soc, 58*(10), 2003-2008. doi:10.1111/j.1532-5415.2010.03034.x

Kim, H. J., Park, E., Storr, C. L., Tran, K., & Juon, H. S. (2015). Depression among Asian-American Adults in the Community: Systematic Review and Meta-Analysis. *PloS one*, *10*(6), e0127760.

Kuroki, Y. (2015). Risk factors for suicidal behaviors among Filipino Americans: a data mining approach. *Am J Orthopsychiatry, 85*(1), 34-42. doi:10.1037/ort0000018

Kuo, W. H. (1984). Prevalence of depression among Asian-Americans. *The Journal of nervous and mental disease*, *172*(8), 449-457.

Lau, A. S., Tsai, W., Shih, J., Liu, L. L., Hwang, W. C., & Takeuchi, D. T. (2013). The immigrant paradox among Asian American women: Are disparities in the burden of depression and anxiety paradoxical or explicable?. Journal of consulting and clinical psychology, 81(5), 901.

Le Espiritu, Yen. (1995.) *Filipino American Lives*. Philadelphia: Temple University Press.

Le Espiritu, Y. (2003). Home bound: Filipino American lives across cultures, communities, and countries. Univ of California Press.

Lee, R. M., Choe, J., Kim, G., & Ngo, V. (2000). Construction of the Asian American Family Conflicts Scale. Journal of counseling psychology, 47(2), 211.

Li, H., & Seidman, L. (2010). Engaging Asian American youth and their families in quality mental health services. *Asian journal of psychiatry*, *3*(4), 169-172.

Li, M. (2014). Discrimination and Psychiatric Disorder Among Asian American Immigrants: A National Analysis by Subgroups. *Journal of Immigrant & Minority Health, 16*(6), 1157-1166. doi:10.1007/s10903-013-9920-7

Licuanan, P. B. (1994). A moral recovery program: Building a people—building a nation. Values in the Philippine culture and education, 35-54.

Lin, K., Demonteverde, L. & Nuccio, I. (1990). Religion, Healing, and Mental Health among Filipino Americans. *International Journal of Mental Health, 19*(3), 40-44.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry* (Vol. 75). Sage.

Loh, J. (2013). Inquiry into issues of trustworthiness and quality in narrative studies: A perspective. *The qualitative report*, *18*(33), 1.

Lu, W., Diep, C. S., & McKyer, E. L. J. (2015). Risk Factors for Childhood Obesity among Asian Americans: A Systematic Review of Literature and Recommendations for Health Care Research. *Journal of health care for the poor and underserved*, *26*(2), 171-190.

McNamara, K. & Batalova, J. (2015) Filipino immigrants in the United States. Retrieved from http://www.migrationpolicy.org/article/filipino-immigrants-united-states

Miranda-Feliciano, E. (1990). *Filipino values and our Christian faith*. OMF Literature.

Morelli, P., Trinidad, A., & Alboroto, R. (2014-09-01). Asian Americans: Filipinos. *Encyclopedia of Social Work.* Retrieved 29 Jul. 2017, from http://socialwork.oxfordre.com/view/10.1093/acrefore/9780199975839.001.0001/acrefore-9780199975839-e-852.

Mossakowski, K. N. (2003). Coping with Perceived Discrimination: Does Ethnic Identity Protect Mental Health. *Journal of Health and Social Behavior, 44*, 318-331.

Mossakowski, K. N. (2007). Are Immigrants Healthier? The Case of Depression among Filipino Americans. *Social Psychology Quarterly, 70*(3), 290-304.

Mui, A. C., & Kang, S. (2006). Acculturation stress and depression among Asian immigrant elders. *Social Work, 51*(3), 243-255. doi:sw/51.3.243

Mui, A. C., Kang, S., Chen, L. M., Domanski, M. D., Mui, A. C., Kang, S.-Y., . . . Domanski, M. D. (2003). Reliability of the Geriatric Depression Scale for use among elderly Asian immigrants in the USA. *International Psychogeriatrics, 15*(3), 253-271.

Muramatsu, R. S., Goebert, D., Sweeny, H. W., & Takeshita, J. (2008). A descriptive study of a unique multi-ethnic consultation-liaison psychiatry service in Honolulu, Hawaii. *International Journal of Psychiatry in Medicine, 38*(4), 425-435.

Nadal, K. (2011). Filipino American psychology: A handbook of theory, research, and clinical practice. John Wiley & Sons.

Nadal, K. L., Rivera, D. P., & Corpus, J. H. (2010). Sexual orientation and transgender microaggressions. Microaggressions and marginality: Manifestation, dynamics, and impact, 217-240.

Nadal, K. L. (2013). Counseling Filipino American college students: Promoting identity development, optimal mental health, and academic success.

Napholz, L., & Mo, W. (2010). Attribution of importance to life roles and their implications for mental health among Filipino American working women. *Health Care for Women International, 31*(2), 179-196. doi:10.1080/07399330903342215

National Institute on Minority Health and Health Disparities. U.S. Department of Health and Human Services. (2016). Filipino immigrants are more likely to be obese the longer they live in the United States. Retrieved from https://www.nimhd.nih.gov/news-events/features/community-health/filipino-imigrants-obese.html

Ness, S. A. (1992). Body, movement, and culture: Kinesthetic and visual symbolism in a Philippine community. University of Pennsylvania Press.

Nguyen, D. D. (2012). Older Asian Americans' Primary Care Use: Examining the Effect of Perceived Mental Health Need. *Social Work in Mental Health, 10*(2), 89-103. doi:10.1080/15332985.2011.597312

Nguyen, V. J. (2014). *The daily impact of mood and social support on pain in Filipino-Americans.* (74), ProQuest Information & Learning, US. Retrieved from http://lib-ezproxy.tamu.edu:2048/login?url=http://search.ebscohost.com/login.aspx?direct

=true&db=psyh&AN=2014-99041-061&site=ehost-live Available from EBSCOhost psyh database.

Nishi, K. (2016). Mental Health Among Asian-Americans. Retrieved from: http://www.apa.org/pi/oema/resources/ethnicity-health/asian-american/article-mental-health.aspx

Office of Adolescent Health. (2017). Retrieved from https://www.hhs.gov/ash/oah/adolescent-health-topics/mental-health/#

Office of Minority Mental Health. (2016). Retrieved from http://minorityhealth.hhs.gov/templates/content.aspx?ID=6476

Okamura, K., Ebesutani, C., Bloom, R., Higa-McMillan, C., Nakamura, B., & Chorpita, B. (2016). Differences in Internalizing Symptoms Across Specific Ethnic Minority Groups: An Analysis Across Chinese American, Filipino American, Japanese American, Native Hawaiian, and White Youth. *Journal of Child & Family Studies, 25*(11), 3353-3366. doi:10.1007/s10826-016-0488-4

Otsuki, T. A. (2003). Substance use, self-esteem, and depression among Asian American adolescents. *Journal of Drug Education, 33*(4), 369-390.

Pesigan, I. J. A., Luyckx, K. & Alampay, L.P. (2014). Brief Report: Identity Processes in Filipino Late Adolescents and Young Adults: Parental Influences and Mental Health Outcomes. *Journal of Adolescence, 37*, 509-604. doi:0.1016/j.adolescence.2014.04.012

Pew Research Center (2012). The rise of Asian Americans. Retrieved from http://www.pewsocialtrends.org/2012/06/19/the-rise-of-asian-americans/

Reyes, J. (2015). Loób and Kapwa : An Introduction to a Filipino Virtue Ethics. *Asian Philosophy*, *25*(2), 148-171.

Ridley, C. R. (1985). Imperatives for ethnic and cultural relevance in psychology training programs. Professional Psychology: Research and Practice, 16(5), 611.

Ricohermoso-Shiaw, C. M. (2016). Help-seeking behavior of Filipino American college students. Alliant International University.

Russell, S. T., Crockett, L. J., Shen, Y., & Lee, S. (2008). Cross-ethnic invariance of self-esteem and depression measures for Chinese, Filipino, and European American adolescents. *Journal of Youth & Adolescence, 37*(1), 50-61.

Sanchez, F., & Gaw, A. (2007). Mental health care of Filipino Americans. Psychiatric Services, 58(6), 810-815.

Schroth, C. A. (2010). Suicide Ideation and Depressive Symptomatology Among Filipino/a American College Students: An Examination of Spiritual and Cultural Factors.

Sentell, T., Unick, G. J., Ahn, H. J., Braun, K. L., Miyamura, J., & Shumway, M. (2013). Illness severity and psychiatric hospitalization rates among Asian Americans and Pacific Islanders. *Psychiatric Services, 64*(11), 1095-1102. doi:10.1176/appi.ps.201200408

Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for information*, *22*(2), 63-75.Sluzki, C. E. (1979). Migration and family conflict. Family process, 18(4), 379-390.

Shoultz, J., Magnussen, L., Manzano, H., Arias, C., & Spencer, C. (2010). Listening to Filipina women: perceptions, responses and needs regarding intimate partner violence. *Issues in Mental Health Nursing, 31*(1), 54-61. doi:10.3109/01612840903200043

Singh, S., McBride, K., & Kak, V. (2015). Role of Social Support in Examining Acculturative Stress and Psychological Distress Among Asian American Immigrants and Three Sub-groups: Results from NLAAS. *Journal of Immigrant & Minority Health, 17*(6), 1597-1606. doi:10.1007/s10903-015-0213-1

Sluzki, C. E. (1979). Migration and family conflict. Family process, 18(4), 379-390.

Sorkin, D. H., Nguyen, H., & Ngo-Metzger, Q. (2011). Assessing the mental health needs and barriers to care among a diverse sample of Asian American older adults. *Journal of general internal medicine*, *26*(6), 595-602.

Spencer, M. S., Chen, J., Gee, G. C., Fabian, C. G., & Takeuchi, D. T. (2010). Discrimination and mental health-related service use in a national study of Asian Americans. *American Journal of Public Health, 100*(12), 2410-2417. doi:10.2105/AJPH.2009.176321

Sue, S., & Morishima, J. K. (1982). The mental health of Asian Americans: Contemporary issues in identifying and treating mental problems. Jossey-Bass.

Suinn, R. M. (2010). Reviewing acculturation and Asian Americans: How acculturation affects health, adjustment, school achievement, and counseling. Asian American Journal of Psychology, 1(1), 5.

Ta, V. M., Holck, P., & Gee, G. C. (2010). Generational status and family cohesion effects on the receipt of mental health services among Asian Americans: findings from the National Latino and Asian American Study. *American Journal of Public Health, 100*(1), 115-121. doi:10.2105/AJPH.2009.160762

Takeuchi, David. Filipino American Community Epidemiological Study (FACES), 1995-1999. ICPSR29262-v1. Ann Arbor, MI: Inter-university Consortium for Political and Social Research[distributor], 2011-08-08. http://doi.org/10.3886/ICPSR29262.v1

Tan, M. L. (1987). *Usug, kulam, pasma: traditional concepts of health and illness in the Philippines*. Quezon City: Alay Kapwa Kilusang Pangkalusugan.

Telzer, E. H. (2011). Expanding the acculturation gap-distress model: An integrative review of research. Human Development, 53(6), 313-340.

Thaver, F., Arkoff, A. & Elkind, L. (1964). Conceptions of Mental Health in Several Asian and American Groups. *The Journal of Social Psychology*(62), 21-27.

Tompar-Tiu, A., & Sustento-Seneriches, J. (1995). Depression and other mental health issues: The Filipino American experience. Jossey-Bass.

Triandis, H. C. (1989). The self and social behavior in differing cultural contexts. Psychological review, 96(3), 506.

Trinh-Shevrin, C., Islam, N. S., & Rey, M. J. (Eds.). (2009). *Asian American communities and health: context, research, policy, and action* (Vol. 22). John Wiley & Sons.

Tuason, M. T. G., Ancheta, I. B., & Battie, C. A. (2014). What impacts the psychological health of Filipino American women? *Asian American Journal of Psychology, 5*(4), 307-315. doi:10.1037/a0037781

Tuliao, A. P., Velasquez, P. A. E., Bello, A. M., & Pinson, M. J. T. (2016). Intent to seek counseling among Filipinos: Examining loss of face and gender. The Counseling Psychologist, 44(3), 353-382.

Uba, L. (1994). *Asian Americans.* Guillford: NY.

United States Census Bureau. (2010). Profile of general population and housing characteristics: 2010. Retrieved from: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk

United States Census Bureau. (2016). Age and sex composition: 2010 Retrieved from http://www.census.gov/prod/cen2010/briefs/c2010br-03.pdf

United States Census Bureau. (2012). The Asian population: 2010. Retrieved from http://www.census.gov/prod/cen2010/briefs/c2010br-11.pdf?cssp=SERP

United States Census Bureau. (2012). *The Asian Population: 2010.* Retrieved from http://www.census.gov/prod/cen2010/briefs/c2010br-11.pdf

United States Department of Health & Human Services. Office of Minority Health. (Year). *Profile: Asian Americans.* Retrieved from http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=63

Willgerodt, M. A., & Thompson, E. A. (2006). Ethnic and generational influences on emotional distress and risk behaviors among Chinese and Filipino American adolescents. *Research in Nursing & Health, 29*(4), 311-324.

Wolf, D. L. (1997). Family secrets: Transnational struggles among children of Filipino immigrants. *Sociological Perspectives*, *40*(3), 457-482.

Wonderling, D., Sawyer, L., Fenu, E., Lovibond, K., & Laramée, P. (2011). National clinical guideline centre cost-effectiveness assessment for the national institute for health and clinical excellence. Annals of Internal Medicine, 154(11), 758-765.

Ying, Y. W., & Han, M. (2007). Familism and mental health: Variation between Asian American children of refugees and immigrants. International Journal of Applied Psychoanalytic Studies, 4(4), 333-348